

Regulatory Bylaws

for medical practice in Saskatchewan



January 19, 2024



CPSS

College of Physicians and
Surgeons of Saskatchewan

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COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
REGULATORY BYLAWS

Effective date – January 19, 2024

PART I – DEFINITIONS

1.1 In these bylaws, unless there is something in the subject of the context inconsistent therewith, the definitions for words set out below shall apply to those words in these bylaws.

"ACT"	means The Medical Profession Act, 1981 .
C.A.C.M.E.	The Committee on Accreditation of Continuing Medical Education. The term "C.A.C.M.E." in these bylaws shall continue to refer to that organization, or any successor organization, notwithstanding any change of name of the organization.
CFPC	The College of Family Physicians of Canada. The term "CFPC" in these bylaws shall continue to refer to that organization, or any successor organization, notwithstanding any change to the name of the organization.
Provincial health authority	means the provincial health authority established by <i>The Provincial Health Authority Act</i> and, where relevant, includes a Regional Health Authority established under <i>The Regional Health Authorities Act</i> .
RCPSC	The Royal College of Physicians and Surgeons of Canada. The term "RCPSC" in these bylaws shall continue to refer to that organization, or any successor organization, notwithstanding any change to the name of the organization.

PART 2 – LICENSURE

2.1 CATEGORIES OF LICENCES AND PERMITS

- (a) The College may issue the following categories of licences and permits:
- (i) Regular licences;
 - (ii) Provisional licences;
 - (iii) Inactive licences;
 - (iv) Ministerial licences;
 - (v) Educational Licences;
 - (vi) Podiatric Surgery Permits.
- (b) For the purpose of section 4 of the Act, and subject to bylaw 2.15, physicians holding a regular licence, a provisional licence or a ministerial licence, and physicians formerly registered under sections 28, 29 or 30 of the Act and who, pursuant to paragraph 2.16 of these bylaws remain licensed, shall be members of the College and shall be entitled to the rights and benefits of membership, including:

- (i) to be eligible to vote in an electoral district; and;
- (ii) to be eligible to be elected in an electoral district.

2.2 DEFINITIONS

In the following definitions, the terms which are defined are based upon the terms in use at the date of the implementation of this bylaw. If a title or organization name associated with any of the defined terms shall change, or the requirements associated with a program or organization defined below shall change, the requirements of this bylaw shall be interpreted so as to apply to the new title, organization or requirements, and will apply to physicians applying to be licensed in Saskatchewan, despite a change in the title, organization name or requirements;

Associate Dean of Postgraduate Medical Education – the individual assigned the responsibility by the College of Medicine, University of Saskatchewan, to review and approve practice plans submitted by physicians seeking to moonlight;

physiciansapply.ca – The program run by the Medical Council of Canada for the source verification and storage of international medical credentials;

CCFP – The credential granted by the College of Family Physicians of Canada to certificants of that College;

CACMS - Committee on Accreditation of Canadian Medical Schools;

FAIMER - Foundation for Advancement of International Medical Education and Research. The term “FAIMER” in these bylaws shall continue to refer to that organization, or any successor organization, notwithstanding any change to the name of the program.

Family Medicine – That branch of the practice of medicine devoted to comprehensive health care for people of all ages as taught in family medicine residency programs. The College of Family Physicians of Canada provides certification for physicians who practise family medicine.

LCME - the Liaison Committee on Medical Education;

LMCC or Licentiate of the Medical Council of Canada – the designation provided by the Medical Council of Canada to candidates who have been successful in Medical Council of Canada Qualifying Examination Part 2;

MCCEE - Medical Council of Canada Evaluating Examination;

MCCQE1 - Medical Council of Canada Qualifying Examination Part 1;

FRCP/FRCS – credentials that denote Fellow of the Royal College of Physicians and Surgeons of Canada;

Mentor – a physician whose role it is to provide guidance and assistance to a physician. A mentor will not provide supervision as required for physicians who hold a provisional licence.

Moonlighting – the practice of medicine by physicians on an educational licence that is not associated with their residency training program, but is authorized pursuant to these bylaws;

Specialty –the branches of the practice of medicine which are taught in specialty residency programs. The Royal College of Physicians and Surgeons of Canada provides certification for physicians who practise in medical and surgical specialties.

Supervision - the act of overseeing the practice of a physician by a supervisor, including providing reports to the College pertaining to the physician being supervised.

Supervisor - a physician, approved by the College, who reviews a physician's clinical practice at regularly prescribed intervals set by the College, to ensure that the physician is meeting the expected standard of care and that patient safety is not compromised. The supervisor will, among other requirements, provide reports to the College pertaining to the physician being supervised.

2.3 REQUIREMENTS AND CONDITIONS RELATING TO ALL FORMS OF LICENSURE AND PERMITS

- (a) It is a non-exemptible standard and qualification for registration and a licence to practise medicine that the applicant's past and present conduct afford reasonable grounds for belief that the applicant:
 - (i) is mentally competent to practise medicine;
 - (ii) will practise medicine with decency, integrity and honesty and in accordance with the law;
 - (iii) has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate; and
 - (iv) can communicate effectively and will display an appropriately professional attitude.
- (b) It is a non-exemptible standard and qualification for registration and a licence to practise medicine that an applicant has:
 - (i) taken IELTS academic version within the previous 24 months and achieved a minimum of 7.0 in each of the components; or
 - (ii) taken OET-medicine version within the previous 24 months and achieved a minimum grade of B; or
 - (iii) taken CELPIP – General within the previous 24 months and achieved a minimum grade of 9 in all sections; or
 - (iv) demonstrated other proof of English proficiency acceptable to the Council;unless,
 - (v) the applicant's undergraduate medical education was taken in English in Canada, the United States or one of the other countries that is identified by the Federation of Medical Regulatory Authorities of Canada as having English as a first or native language; or
 - (vi) the applicant is currently in a postgraduate medical education program in the United States or Canada or one of the other countries that is identified by the Federation of Medical Regulatory Authorities of Canada as having English as a first and native language and the applicant previously met one of the requirements of (i), (ii) or (iii) above in order to enter into that postgraduate training program; or
 - (vii) The applicant is currently in practice in Canada or the United States or one of the other countries that is identified by the Federation of Medical Regulatory Authorities of Canada as having English as a first or native language and the applicant met one of the requirements of (i), (ii) or (iii) above in order to be admitted to postgraduate training or practice in that country.
- (c) It is a non-exemptible standard and qualification for registration and a licence to practise medicine that an applicant have a degree in medicine that was at the time the degree was awarded:
 - (i) A degree in medicine granted by a medical school accredited by CACMS or by the LCME; or

- (ii) A degree in medicine based upon successful completion of a conventional undergraduate program of education in allopathic medicine from a University that, at the time of graduation, was listed in the World Directory of Medical Schools published by the World Health Organization; or
 - (iii) A degree in medicine based upon successful completion of a conventional undergraduate program of education in allopathic medicine from a University that, at the time of graduation, was listed in the FAIMER's International Medical Education Directory (IMED); or
 - (iv) a Doctor of Osteopathic Medicine degree from a school in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- (d) It is a standard and qualification for registration and a licence to practise medicine that an applicant will:
- (i) complete the form approved by the Registrar and provide such information as the Registrar reasonably requests pertaining to the applicant's eligibility and suitability for licensure;
 - (ii) provide evidence of currency of practice in accordance with regulatory bylaw 4.1;
 - (iii) pay the relevant fees prescribed by bylaw;
 - (iv) establish his or her identity, provide documentation relating to the registration requirements and attend in person at the College for those purposes if requested;
 - (v) provide a document, in a form satisfactory to the Council, dated within 60 days from the date of the application, from the competent regulatory or licensing authority in each other jurisdiction where the applicant is or was, at any time, registered or licensed for the practice of medicine or another health profession:
 1. certifying that the applicant's entitlement to practise medicine or another health profession has not been cancelled, suspended, limited, restricted, or subject to conditions in that jurisdiction at any time, or specifying particulars of any such cancellation, suspension, limitation, restriction, or conditions, and
 2. certifying that there is no investigation, review, or other proceeding underway in that jurisdiction which could result in the applicant's entitlement to practise medicine or another health profession being cancelled, suspended, limited, restricted, or subjected to conditions, or specifying particulars of any such investigation, review, or other proceeding;
 - (vi) if the applicant has completed medical education outside of Canada, the applicant has provided proof of source verification through physiciansapply.ca for documents required by the Council to be source verified which may include any or all of the following:
 1. Medical Transcripts;
 2. Medical degree/diploma;
 3. Postgraduate training certificates;
 4. Specialty certificates;
 - (vii) Provide proof that the physician has passed the Medical Council of Canada Qualifying Examination Part 1 (MCCQE1), provide proof that the physician has successfully completed medical licensing examinations in the United States of America acceptable to the Council, or provide other proof of appropriate medical knowledge acceptable to the Council;

- (viii) Comply with the requirements for professional liability protection as prescribed in bylaw.
- (e) It is the responsibility of the applicant to provide the information and documentation reasonably required by the Council to meet the requirements of paragraphs (a) to (d) above.
 - (f) If an applicant is subject to an investigation, review, or other proceeding underway in another jurisdiction which could result in the applicant's entitlement to practise medicine or another health profession being cancelled, suspended, limited, restricted, or subjected to conditions, the Council may refuse to register the applicant until the completion of that investigation, review, or other proceeding.
 - (g) If an applicant's entitlement to practise medicine or another health profession has been cancelled, suspended, limited, restricted, or subjected to conditions, the Council may refuse to register the applicant or impose similar limitations, restrictions or conditions on any licence granted to the applicant.
 - (h) Where the Council, on reasonable grounds, is of the opinion that an applicant's licence should be subject to limitations, restrictions or conditions, the Council may issue a licence to that person:
 - (i) restricting the right of that person to practise any branch of medicine, surgery or midwifery;
 - (ii) restricting the right of that person to perform any medical procedure or any medical treatment or surgery of any kind;
 - (iii) prohibiting that person from providing any services or procedures except under the supervision of a duly qualified medical practitioner approved by Council;
 - (iv) requiring that person to maintain such treatment as is prescribed by the Council or participate in a program prescribed by the Council;
 - (v) requiring that person to practise only while maintaining a relationship with a mentor;
 - (vi) limiting the length of time for which the licence is valid; or
 - (vii) containing such other limitations, restrictions or conditions prescribed by the Council.
 - (i) It is a term, condition and limitation of registration and all licences issued by the College that the holder practise only in the areas of medicine in which the holder is appropriately educated and appropriately experienced.
 - (j) If a holder of a licence fails to provide to the College evidence that the person holds professional liability protection in compliance with the by-laws when the College requests it, the Registrar shall immediately give the physician notice of intention to suspend the physician and may suspend the physician's licence for failure to provide the evidence 15 days after notice is given.
 - (k) Any assessment which is required by the College's registration bylaws shall be undertaken at the physician's own expense and shall be in a form approved by the Council, performed by an assessor or assessors approved by the Council and completed within a time frame established by the Council. It is the responsibility of the physician seeking the assessment, and not of the College, to arrange a suitable assessment.
 - (l) The Council may, from time to time, establish the requirements for supervision required by the College's registration bylaws.

2.4 REQUIREMENTS RELATING TO REGULAR LICENSURE

The Council may register and issue a Regular Licence to an applicant who produces evidence in a form and manner that may be prescribed by Council that the applicant:

- (a) Meets the requirements applicable to all classes of licences in paragraph 2.3; and,
- (b) If the applicant has completed postgraduate medical training in Canada:
 - (i) has obtained the designation Licentiate of the Medical Council of Canada, and,
 - (ii) has attained certification by the College of Family Physicians of Canada (CCFP); or
 - (iii) has attained certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Collège des médecins du Québec;
- (c) If the applicant has completed postgraduate medical training in the United States of America, the applicant has:
 - (i) attained certification by the College of Family Physicians of Canada (CCFP) or Certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) or certification by the Collège des médecins du Québec; and, obtained the designation Licentiate of the Medical Council of Canada or successfully completed medical licensing examinations in the United States of America acceptable to the Council; or,
 - (ii) attained certification by the College of Family Physicians of Canada (CCFP) or Certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) or certification by the Collège des médecins du Québec; and, met the requirements of a provisional licence related to successfully engaging in practice in Canada for five years and attaining a pass standing in MCCQE1; or,
 - (iii) met both of the following:
 1. successfully completed a period of practice while under a provisional licence: and,
 2. been successful in an assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge and suitability to practise independently.
- (d) If the physician has completed postgraduate medical training elsewhere than in Canada or the United States of America:
 - (i) the physician has successfully completed a period of practice while under a provisional licence: and,
 - (ii) the physician has met the requirements of paragraph (c)(i) or c(ii); or
 - (iii) the physician has attained certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) through the Practice Eligible Route of the Royal College of Physicians and Surgeons of Canada (RCPSC); or
 - (iv) the physician has been successful in an assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge and suitability to practise independently.
- (e) If the physician has completed postgraduate medical training in Canada, the applicant:
 - (i) has obtained the designation Licentiate of the Medical Council of Canada, and

- (ii) has been approved by the Council to participate in an assessment pursuant to bylaw 2.14; and,
- (iii) has been successful in the assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge and suitability to practise independent.

2.5 REQUIREMENTS RELATING TO PROVISIONAL LICENSURE

The Council may register and issue a Provisional Licence to an applicant who produces evidence in a form and manner that may be prescribed by Council that the applicant:

- (a) Meets the requirements applicable to all class of licences in paragraph 2.3; and,
- (b) If the applicant has completed postgraduate medical training in Canada and seeks licensure to practise in a specialty, the applicant is eligible to challenge the certification examinations of the Royal College of Physicians and Surgeons of Canada (RCPSC) and has passed MCCQE1; or
- (c) If the applicant has completed postgraduate medical training in Canada and seeks licensure to practise in a specialty, the applicant has attained certification with the Royal College of Physicians and Surgeons of Canada (RCPSC) or certification by the Collège des médecins du Québec and has passed MCCQE1; or
- (d) If the applicant has completed postgraduate medical training in Canada and seeks licensure to practise family medicine, the applicant has successfully completed postgraduate training in a training program accredited by the College of Family Physicians of Canada and has passed MCCQE1; or
- (e) If the applicant has completed postgraduate medical training in the United States of America and seeks licensure to practise in a specialty, the applicant:
 - 1. has successfully completed at least 4 years of discipline-specific postgraduate training in a residency program accredited by the Accreditation Council for Graduate Medical Education; and,
 - 2. has attained certification from a member board of the American Board of Medical Specialties in his or her specialty; and,
 - 3. has received an independent or full licence or certificate to practise without restrictions in the United States or is eligible to apply for an independent or full license or certificate of registration to practise without restrictions in the United States; or
- (f) If the applicant has completed postgraduate medical training in the United States of America and seeks licensure to practise in a specialty, the applicant is eligible to challenge the certification examinations of the Royal College of Physicians and Surgeons of Canada (RCPSC); or
- (g) If the applicant has completed postgraduate medical training in the United States of America and seeks licensure to practise family medicine, the applicant:
 - 1. has successfully completed a residency program in family medicine accredited by the Accreditation Council for Graduate Medical Education; and,
 - 2. has attained certification from the American Board of Family Medicine, CCFP or the Collège des médecins du Québec; and,
 - 3. has received an independent or full licence or certificate to practise without restrictions in the United States or is eligible to apply for an independent or full license or certificate of registration to practise without restrictions in the United States; or

- (h) If the applicant has completed postgraduate medical training elsewhere than in Canada or the United States of America and seeks licensure to practise in a specialty, the applicant is eligible through the Approved Jurisdiction Route of the Royal College of Physicians and Surgeons of Canada (RCPSC) to challenge the certification examinations of the RCPSC; or
- (i) If the applicant has completed postgraduate medical training elsewhere than in Canada or the United States of America and seeks licensure to practise in a specialty, the applicant has obtained a ruling through the Practice Eligible Route of the Royal College of Physicians and Surgeons of Canada (RCPSC) that the applicant is eligible to challenge the certification examinations of the RCPSC, the applicant has passed the written exam and, if applicable, the applied exam, of the RCPSC leading to certification; or
- (j) If the applicant has completed postgraduate medical training elsewhere than in Canada or the United States of America and seeks licensure to practise in a specialty, the applicant has:
 1. successfully completed a residency program including at least 4 years of discipline-specific postgraduate training; and,
 2. obtained certification in their specialty if such certification is available in their country of training; and,
 3. received an independent or full licence or certificate to practise without restrictions in their country of training; and
 4. has been successful in an assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge and suitability to enter into a supervised practise in their specialty; or
- (k) If the applicant has completed postgraduate medical education elsewhere than in Canada or the United States of America, and seeks licensure to practise family medicine, the applicant is eligible to attain CCFP without examination; or
- (l) If the applicant has completed postgraduate medical education elsewhere than in Canada or the United States of America seeks licensure to practise family medicine, and the applicant has:
 1. successfully completed a post-graduate internship or residency training program in Family Medicine that is a minimum of 12 months in duration and has engaged in independent practice of family medicine for a minimum of 3 years; or
 2. successfully completed a post-graduate internship or residency training program in Family Medicine that is a minimum of 24 months in duration and has been licensed to engage in independent practice of family medicine; and,
 3. been successful in an assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge and suitability to enter into a supervised practise in family medicine; or,
- (m) If the applicant is, in the opinion of the Registrar, a physician of renowned reputation and the physician will be receiving a full-time academic appointment at the University of Saskatchewan, College of Medicine.
- (n) Notwithstanding paragraph (a), a physician granted a licence under paragraph (m) is not required to provide proof of having passed the examinations specified in paragraph 2.3 (d)(vii).

- (o) The physician has been granted SEAP attestation by the Royal College of Physicians and Surgeons of Canada.
- (p) A provisional licence issued to a physician who is licensed under paragraph 2.5(o) will contain a restriction limiting the physician to practise in the subspecialty designation in which the SEAP attestation was granted.

2.6 CONDITIONS OF PROVISIONAL LICENSURE

Licensure – physicians with Canadian Postgraduate training

- (a) A physician who is licensed under paragraph 2.5(b) who has not attained certification from the Royal College of Physicians and Surgeons of Canada is required to attain certification within the period of eligibility with the Royal College of Physicians and Surgeons of Canada.
- (b) A physician who is licensed under paragraph 2.5(b) or 2.5(c) who has not attained the LMCC is required to attain the LMCC within 5 years of first licensure on a provisional licence.
- (c) A physician who is licensed under paragraph 2.5(d) who has not attained CCFP is required to attain CCFP within the period of eligibility with the College of Family Physicians of Canada.
- (d) A physician who is licensed under paragraph 2.5(d) who has not attained the LMCC is required to attain the LMCC within 3 years of first licensure on a provisional licence.
- (e) A physician who is licensed under paragraph 2.5 (a), (b), (c) or (d) is required to successfully practise with a supervisor until that physician meets the requirements for a regular licence.
- (f) A licence granted to a physician who fails to meet one or more of the requirements of paragraphs 2.6 (a), (b), (c), (d) or (e) will automatically be revoked and cease to be valid.

Licensure – specialist physicians with American Postgraduate training without eligibility to challenge the examinations of the Royal College

- (g) A physician who is licensed under paragraph 2.5(e) is required to:
 - (i) successfully practise with a supervisor for a period of at least one year in Saskatchewan; and,
 - (ii) successfully complete an assessment which demonstrates to the satisfaction of the Registrar that the applicant has appropriate skill, knowledge or suitability to practise independently.
- (h) A licence granted to a physician who fails to meet one or more of the requirements of paragraph 2.6 (g) will automatically be revoked and cease to be valid.

Licensure – specialist physicians with American Postgraduate training and eligibility to challenge the examinations of the Royal College

- (i) A physician who is licensed under paragraph 2.5(f) will be required to elect, within a period established by the Council, to:
 - (i) seek regular licensure by meeting the condition of supervised practice and assessment in paragraph 2.6(g); or
 - (ii) seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council; or

- (iii) seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years.
- (j) An election made under paragraph 2.6(i) is final and cannot be changed.
- (k) The licence of a physician who is licensed under paragraph 2.5(f) who has elected to seek regular licensure by meeting the condition of supervised practice and assessment in paragraph 2.6(g) will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(g).
- (l) A physician who is licensed under paragraph 2.5(f) who has elected to seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council is required to:
 - (i) successfully practise with a supervisor until that physician meets the requirements for a regular licence; and,
 - (ii) attain certification within the period of eligibility with the Royal College of Physicians and Surgeons of Canada; and,
 - (iii) attain the LMCC or successfully complete medical licensing examinations in the United States of America acceptable to the Council within 5 years of first licensure on a provisional licence.
- (m) A physician who is licensed under paragraph 2.5(f) who has elected to seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years is required to:
 - (i) successfully practise with a supervisor until the physician meets the requirements for regular licensure; and,
 - (ii) attain certification within the period of eligibility with the Royal College of Physicians and Surgeons of Canada; and,
 - (iii) attain a pass standing in the MCCQE1 within 3 years of first licensure on a provisional licence.
- (n) The licence of a physician who is licensed under paragraph 2.5(f) who has elected to seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(l).
- (o) The licence of a physician who is licensed under paragraph 2.5(f) who has elected to seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(m)(ii) or (iii).

Licensure – family physicians with American Postgraduate training

- (p) A physician who is licensed under paragraph 2.5(g) will be required to elect, within a period established by the Council, to:

- (i) seek regular licensure by meeting the condition of supervised practice and assessment in paragraph 2.6(g); or
 - (ii) seek regular licensure by attaining CCFP and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council; or,
 - (iii) seek regular licensure by attaining CCFP and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years.
- (q) An election made under paragraph 2.6(p) is final and cannot be changed.
- (r) A physician who is licensed under paragraph 2.5(g) who has elected to seek regular licensure by attaining CCFP and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council is required to:
- (i) successfully practise with a supervisor until that physician meets the requirements for a regular licence; and,
 - (ii) attain CCFP within the period of eligibility with the College of Family Physicians of Canada; and,
 - (iii) attain the LMCC or successfully complete medical licensing examinations in the United States of America acceptable to the Council within 3 years of first licensure on a provisional licence.
- (s) A physician who is licensed under paragraph 2.5(g) who has elected to seek regular licensure by attaining CCFP and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years is required to:
- (i) successfully practise with a supervisor until the physician meets the requirements for regular licensure; and,
 - (ii) attain CCFP within the period of eligibility of the College of Family Physicians of Canada; and,
 - (iii) attain a pass standing in the MCCQE1 within 3 years of first licensure on a provisional licence.
- (t) The licence of a physician who is licensed under paragraph 2.5(g) who has elected to seek regular licensure by attaining CCFP and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(r).
- (u) The licence of a physician who is licensed under paragraph 2.5(g) who has elected to seek regular licensure by attaining CCFP and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(s)(ii) or (iii).
- (v) The licence of a physician who is licensed under paragraph 2.5(g) who has elected to seek regular licensure by meeting the condition of supervised practice and assessment in paragraph 2.6(g) will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(g).

Licensure – specialist physicians with International Postgraduate training and eligibility through the Approved Jurisdiction Route to challenge the examinations of the Royal College

- (w) A physician who is licensed under paragraph 2.5(h) will be required to elect, within a period established by the Council, to:

- (i) seek regular licensure by meeting the condition of supervised practice and assessment in paragraph 2.6(g); or
 - (ii) seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council; or
 - (iii) seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years.
- (x) An election made under paragraph 2.6(w) is final and cannot be changed.
- (y) The licence of a physician who is licensed under paragraph 2.5(h) who has elected to seek regular licensure by meeting the condition of supervised practice and assessment in paragraph 2.6(g) will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(g).
- (z) A physician who is licensed under paragraph 2.5(h) who has elected to seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council is required to:
- (i) successfully practise with a supervisor until that physician meets the requirements for a regular licence; and,
 - (ii) attain certification within the period of eligibility with the Royal College of Physicians and Surgeons of Canada; and,
 - (iii) attain the LMCC or successfully complete medical licensing examinations in the United States of America acceptable to the Council within 5 years of first licensure on a provisional licence.
- (aa) The licence of a physician who is licensed under paragraph 2.5(h) who has elected to seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(z).
- (bb) A physician who is licensed under paragraph 2.5(h) who has elected to seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years is required to:
- (i) successfully practise with a supervisor until the physician meets the requirements for regular licensure; and,
 - (ii) attain certification within the period of eligibility with the Royal College of Physicians and Surgeons of Canada; and,
 - (iii) attain a pass standing in the MCCQE1 within 3 years of first licensure on a provisional licence.
- (cc) The licence of a physician who is licensed under paragraph 2.5(h) who has elected to seek regular licensure by attaining certification with the Royal College of Physicians and Surgeons, attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years will

automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(bb)(ii) or (iii).

Licensure – specialist physicians with International Postgraduate training and eligibility through the Practice Eligible Route to challenge the examinations of the Royal College

(dd) A physician who is licensed under paragraph 2.5(i) is required to attain certification within the period of eligibility with the Royal College of Physicians and Surgeons. The licence of a physician who is licensed under paragraph 2.5(i) will automatically be revoked and cease to be valid if the physician fails to attain certification within the period of eligibility with the Royal College of Physicians and Surgeons.

(ee) A physician who is licensed under paragraph 2.5 (i) is required to successfully practise with a supervisor until that physician meets the requirements for a regular licence.

Licensure – physicians who achieve the SEAP credential

(ee.1) A physician who is licensed under paragraph 2.5(o) is required to:

- (i) successfully practise with a supervisor for a period of at least one year in Saskatchewan; and,
- (ii) successfully complete an assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge or suitability to practise independently.

(ee.2) A licence granted to a physician who fails to meet one or more of the requirements of paragraph 2.6 (ee.1) will automatically be revoked and cease to be valid.

(ee.3) A regular licence granted to a physician who successfully completes the requirements of paragraph 2.6 (ee.1) will contain a restriction limiting the physician to practice in the subspecialty designation in which the SEAP attestation was granted.

Licensure – specialist physicians with International Postgraduate training without eligibility to challenge the examinations of the Royal College

(ff) A physician who is licensed under paragraph 2.5(j) is required to:

- (i) successfully practise with a supervisor for a period of at least one year in Saskatchewan; and,
- (ii) successfully complete an assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge or suitability to practise independently.

(gg) A licence granted to a physician who fails to meet one or more of the requirements of paragraph 2.6 (ff) will automatically be revoked and cease to be valid.

Licensure – family physicians with international postgraduate training and eligibility for CCFP without examination

(hh) A physician who is licensed under paragraph 2.5(k) will be required to elect, within a period established by the Council, to:

- (i) seek regular licensure by meeting the condition of supervised practice and assessment in paragraph 2.6(g); or
- (ii) seek regular licensure by attaining the LMCC and CCFP; or,
- (iii) seek regular licensure by attaining CCFP and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years.

- (ii) An election made under paragraph 2.6(hh) is final and cannot be changed.
- (jj) The licence of a physician who is licensed under paragraph 2.5(k) who has elected to seek regular licensure by meeting the condition of supervised practice and assessment in paragraph 2.6(g) will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(g).
- (kk) A physician who is licensed under paragraph 2.5(k) who has elected to seek regular licensure by attaining CCFP and attaining the LMCC or successfully completing medical licensing examinations in the United States of America acceptable to the Council is required to:
 - (i) successfully practise with a supervisor until that physician meets the requirements for a regular licence; and,
 - (ii) attain CCFP within one year of attaining provisional licensure; and,
 - (iii) attain the LMCC or successfully complete medical licensing examinations in the United States of America acceptable to the Council within 3 years of first licensure on a provisional licence.
- (ll) The licence of a physician who is licensed under paragraph 2.5(k) who has elected to seek regular licensure by attaining CCFP and attaining the LMCC will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6 (kk).

(mm) A physician
 who is licensed under paragraph 2.5(k) who has elected to seek regular licensure by attaining CCFP and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years is required to:

- (i) successfully practise with a supervisor until the physician meets the requirements for regular licensure; and,
- (ii) attain CCFP within the period of eligibility of the College of Family Physicians of Canada; and,
- (iii) attain a pass standing in the MCCQE1 within 3 years of first licensure on a provisional licence.

(nn) The licence of a physician who is licensed under paragraph 2.5(k) who has elected to seek regular licensure by attaining CCFP and attaining a pass standing in the MCCQE1 and successfully engaging in practice in Canada for five years will automatically be revoked and cease to be valid if the physician fails to meet the conditions of paragraph 2.6(mm).

Licensure – family physicians with international postgraduate training and without eligibility for CCFP without examination

- (oo) A physician who is licensed under paragraph 2.5(l) is required to:
 - (i) successfully practise with a supervisor for a period of at least one year in Saskatchewan; and,
 - (ii) successfully complete an assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge or suitability to practise independently.
- (pp) A licence granted to a physician who fails to meet one or more of the requirements of paragraph 2.6 (oo) will automatically be revoked and cease to be valid.
- (qq) A physician who is licensed under paragraph 2.5(m) is required to maintain the full time academic position with the University of Saskatchewan, College of Medicine which qualified the physician for licensure under that paragraph.

- (rr) A licence granted to a physician who fails to maintain the requirement of paragraph 2.6 (qq) will automatically be revoked and cease to be valid.
- (ss) Notwithstanding anything contained in paragraph 2.6, if the holder of a provisional licence meets the requirements for a regular licence, that person may be granted a regular licence without completing the period of supervision or a summative assessment or five years of successful practice.
- (tt) It is a condition of all licences subject to a requirement that the physician successfully practise with a supervisor that the physician demonstrate, throughout the period of supervision, to the satisfaction of the Registrar, that the physician is successfully practising. A licence issued to a physician subject to a requirement that the physician successfully practise with a supervisor will automatically be revoked and cease to be valid if, at any time, in the opinion of the Registrar, the physician is not successfully practising;
- (uu) It is a condition of all licences subject to a requirement that the physician successfully engage in practice in Canada for five years that the physician demonstrate, throughout the five year period, to the satisfaction of the Registrar, that the physician is successfully engaged in practice. A licence issued to a physician subject to a requirement that the physician successfully engage in practice in Canada will automatically be revoked and cease to be valid if, at any time, in the opinion of the Registrar, the physician is not successfully engaged in practice;
- (vv) A physician may request the Council to review the Registrar's opinion which has resulted in revocation of the physician's licence. When conducting such a review the Council may provide the physician the opportunity to make representations to the Council in any manner that the Council may determine;
- (ww) It is a condition of all licences subject to a requirement that the physician successfully practise with a supervisor that the physician practise at all times under supervision and that the supervision complies with the requirements for supervision established by the Council. It is a condition of all such licences that the physician demonstrate, to the satisfaction of the Registrar, that the conditions for supervision have been met. It is a condition of all licences subject to a requirement that the physician successfully practise with a supervisor that the Registrar will suspend the physician's licence if the physician does not demonstrate, to the satisfaction of the Registrar, that the conditions for supervision have been met.
- (xx) If, in the opinion of the Registrar, the holder of a provisional licence who is required to practise under supervision appears not to be practising under supervision, or the supervision appears not to comply with the requirements for supervision established by the Council, the Registrar shall immediately give the physician notice of intention to suspend the physician's licence and may suspend the physician's licence if the physician does not demonstrate to the Registrar's satisfaction that the physician is meeting the requirements for supervision within 15 days after notice is given;
- (yy) A physician may request the Council to review the Registrar's opinion that the physician has not demonstrated that the physician is meeting the requirements for supervision. When conducting such a review the Council may provide the physician the opportunity to make representations to the Council in any manner that the Council may determine.
- (zz) Notwithstanding paragraphs (ww), (xx) and (yy), a physician who will temporarily not be practising in Saskatchewan may apply to the Registrar to temporarily suspend the requirement that the physician practise with a supervisor. The Registrar may, if the Registrar considers that it is appropriate to do so, suspend the requirement that the physician practise with a supervisor for a specific period of time and may extend that suspension on application by the physician. The Registrar may, as a condition of

suspending the requirement of supervision, require the physician to sign an undertaking that the physician will not return to practice in Saskatchewan until the Registrar has approved the physician's return to practice, including the arrangements for supervision.

- (aaa) Notwithstanding paragraph (xx), a physician who has elected to seek a regular licence by attaining CCFP or certification by the Royal College of Physicians and Surgeons of Canada and attaining a pass standing in the MCCQE1 may be permitted to practise for a limited time without supervision, or may be permitted to practise without supervision, provided each of the following conditions are met:
- (i) The Council is of the opinion that extraordinary circumstances exist relating to the physician's supervision;
 - (ii) The Council is of the opinion that it is in the public interest to permit the physician to practise for a limited time without supervision or practise without supervision; and,
 - (iii) The Registrar has requested that the Council consider permitting the physician to practise for a limited time without supervision, or permitting the physician to practise without supervision.
- (bbb) Notwithstanding anything in paragraphs (a) through (ss) or bylaw 2.4, if a physician has elected to achieve regular licensure by meeting the conditions of supervised practice and an assessment achieves certification with the Royal College of Physicians and Surgeons or CFPC, the physician will be unable to achieve regular licensure by meeting the conditions of supervised practice and an assessment. The physician's licence will automatically be revoked and cease to be valid unless the physician achieves either:
- (i) LMCC within a period of five years of first licensure on a provisional licence; or
 - (ii) MCCQE1 and 5 years of successful practice in Canada.
- (ccc) Notwithstanding anything in paragraphs (a) through (bbb), a physician who achieves certification with the Royal College of Physicians and Surgeons or the College of Family Physicians of Canada is not required to practise under supervision.

2.7 INACTIVE LICENSURE

- (a) A physician who holds a regular licence may apply for a regular inactive licence;
- (b) A physician who holds a form of licensure other than a regular licence and who is unable, for medical reasons, to engage in medical practice, may apply for an inactive licence;
- (c) In order to be eligible for an inactive licence, a physician shall withdraw from the active practice of medicine in Saskatchewan.
- (d) A physician holding an inactive licence shall not practise medicine in Saskatchewan, hold office, or vote.
- (e) In order for a physician holding an inactive licence to obtain an active licence, the physician shall:
 - (i) produce a Certificate of Good Standing of recent origin from each jurisdiction in which the physician has practised in since ceasing to hold an active licence in Saskatchewan; and,
 - (ii) produce evidence of compliance with paragraph 2.3(a) to the satisfaction of the Council in a form and in a manner that may be prescribed by the Council; and,

- (iii) if the physician has not actively practised medicine for a period of 36 months, or intends to or has changed his/her field of practice, provide proof to the Council of successful completion of assessment and retraining as set out in bylaw 4.1; and,
- (iv) pay the annual fee for an active licence established by the Council.

2.8 MINISTERIAL LICENSURE

- (a) Upon receiving a written request from the Minister that the College issue a Ministerial Licence to an applicant, the Council may issue a Ministerial Licence to an applicant who:
 - (i) will practise psychiatry in a branch of the public service of Saskatchewan, in a branch of the public service of Canada to provide services in Saskatchewan, or for the provincial health authority; and,
 - (ii) holds a specialty qualification in psychiatry that is recognized by the Council; and,
 - (iii) meets the requirements of paragraph 2.8 (d).
- (b) Upon receiving a written request from the Minister that the College issue a Ministerial Licence to an applicant, the Council may issue a Ministerial Licence to an applicant who:
 - (i) will practise as a medical health officer for the provincial health authority; and
 - (ii) meets the requirements of paragraph 2.8 (d).
- (c) Until December 31, 2026, and upon receiving a written request from the Minister that the College issue a Ministerial Licence to an applicant, the Council may issue a Ministerial Licence to an applicant who produces evidence in a form and manner that may be prescribed by Council that the applicant:
 - (i) is to be engaged with the Saskatchewan Cancer Agency; and,
 - (ii) has completed postgraduate training as evidenced by a specialty qualification acceptable to the Council; and.
 - (iii) meets the requirements of paragraph 2.8 (d).
- (d) An applicant for a Ministerial Licence shall produce evidence in a form and manner that may be prescribed by Council that the applicant:
 - (i) is a graduate in medicine of a university approved by the Council;
 - (ii) has complied with paragraphs 2.3(a), 2.3(b) and 2.3(d).
- (e) An applicant for a Ministerial Licence need not provide proof that the applicant has met the requirements of paragraph 2.3, other than paragraphs (a), (b) and (d).
- (f) A Ministerial licence issued pursuant to paragraph (a) only authorizes the physician to practise psychiatry in the branch of the public service of Saskatchewan, the branch of the public service of Canada or the provincial health authority with respect to which the Minister's request was made.
- (g) A Ministerial licence issued pursuant to paragraph (b) only authorizes the physician to practise as a medical health officer for the provincial health authority with respect to which the Minister's request was made.
- (h) A Ministerial licence issued pursuant to paragraph (c) only authorizes the physician to practise with the Saskatchewan Cancer Agency with respect to which the Minister's request was made.

- (i) A Ministerial licence shall be automatically revoked and cease to be valid if the holder of the licence ceases to work in the position with respect to which the Minister's request was made.
- (j) Paragraph (i) does not apply to a physician who was the subject of a request for a Ministerial Licence to work for a regional health authority who continues to work for the provincial health authority in the position with respect to which the Minister's request was made.

2.9 SENIOR LIFE DESIGNATION

- (a) A physician shall become entitled to receive a senior life designation if the physician has been licensed on a form of postgraduate licensure in Saskatchewan for a cumulative total of 40 years. Service with the Canadian and/or Allied forces and postgraduate training after registration shall be included in this period of time.
- (b) The Council may award senior life designation to a physician who does not meet the requirements of paragraph (a) if:
 - (i) The physician has withdrawn from medical practice;
 - (ii) The Council concludes that the physician was prevented from meeting the requirements of paragraph (a) due to a medical condition or other reason that the Council considers appropriate; and
 - (iii) The Council concludes that it is appropriate to award senior life designation to the physician notwithstanding the physician has not met the requirements of paragraph (a).
- (c) A senior life designation is honorary only. It conveys no right to practise medicine in Saskatchewan, to hold office or to vote.
- (d) A physician may concurrently hold a senior life designation and another form of licensure.
- (e) Physicians holding a senior life designation shall not be required to pay a fee to obtain or retain that membership status.

2.10 LICENSURE OF PHYSICIANS FROM ANOTHER PROVINCE

- (a) Notwithstanding any of the other provisions of the regulatory bylaws pertaining to licensure, the Council may register and issue a licence to an applicant who applies for licensure in Saskatchewan on the basis that the applicant currently holds a licence to practise medicine pursuant to the legislation of another jurisdiction in Canada subject to the following provisions:
- (b) The applicant shall be required to demonstrate that he/she meets the non-exemptible standards and qualifications applicable to all classes of licensure in paragraph 2.3; and,
- (c) The applicant shall be required to:
 - (i) Provide the information and documentation required of other applicants for licensure in Saskatchewan;
 - (ii) Pay the fees required of other applicants for licensure in Saskatchewan;
 - (iii) Disclose all complaints or disciplinary or criminal proceedings in any other jurisdiction;
 - (iv) Demonstrate that the physician meets the requirements of bylaw 4.1 pertaining to active practice; and,

- (v) Disclose all practice limitations, restrictions or conditions imposed by the regulatory body or bodies where the physician holds a licence to practise medicine; and,
- (d) Notwithstanding anything else in these regulatory bylaws pertaining to the licensure of physicians, a physician who applies for licensure in Saskatchewan as set out in paragraph a), and whose licence is subject to practice limitations, restrictions or conditions may be issued a licence subject to equivalent limitations, restrictions or conditions; and,
- (e) Notwithstanding anything else in these regulatory bylaws pertaining to licensure of physicians, a physician who applies for licensure in Saskatchewan as set out in paragraph a), and whose licence is subject to one or more practice limitations, restrictions or conditions may be refused a licence if, in the opinion of the Council, the College is unable to apply equivalent practice limitations, restrictions or conditions; and,
- (f) Notwithstanding anything else in these regulatory bylaws pertaining to licensure of physicians, a physician who applies for licensure in Saskatchewan as set out in paragraph a) may be refused a licence if the physician:
 - (i) Fails to provide the information or documentation required by the bylaws;
 - (ii) Fails to demonstrate to the satisfaction of the Council that the physician is of good character; or,
 - (iii) Fails to demonstrate to the satisfaction of the Council that the physician is in good standing in the jurisdiction or jurisdictions of Canada in which the physician is currently licensed.

2.11 LICENSURE FOR PURPOSES OF VIRTUAL CARE

- (a) The Council may issue a regular licence, limited to the practice of virtual care , to a physician who produces evidence in a form and manner that is acceptable to the Council that the person:
 - (i) meets the non-exemptible standards and qualifications applicable to all classes of licensure in paragraph 2.3;
 - (ii) is fully licensed, without restrictions, in another province or territory of Canada; and,
 - (iii) has signed a declaration that the physician will limit his/her practice of medicine in Saskatchewan to the practice of virtual care with the number of patients located in Saskatchewan that corresponds to the fee required under the College bylaws.
- (b) A licence issued pursuant to paragraph (a) will contain a restriction, limiting the physician named therein to practising virtual care while the physician is physically located outside the province of Saskatchewan.
- (c) A physician may, during the course of a year, sign a substitute declaration that the person will limit the physician's practice of medicine in Saskatchewan to a larger number of patients than specified in the original declaration, and pay the additional fee corresponding to the fee required under the College bylaws.
- (d) A physician is authorized to provide follow up care by means of virtual care to a patient located in Saskatchewan, without being licensed to practise medicine in Saskatchewan, provided each of the following conditions is met:
 - (i) the physician holds a licence to practise medicine granted by a medical regulatory body in Canada; and;

- (ii) the physician resides in another province or territory of Canada, and practises medicine in that province or territory; and,
- (iii) the physician has received a referral from a Saskatchewan physician to provide medical care to a Saskatchewan patient; and,
- (iv) the physician has provided medical care to that patient in the province or territory where the physician resides; and,
- (v) the physician intends to provide follow-up care to that patient with respect to the condition for which the patient was referred by the Saskatchewan physician, from the physician's province or territory of residence, while that patient is located in Saskatchewan.

2.12 EDUCATIONAL LICENSURE

- (a) The Council may register and issue an Educational Licence to a person who produces evidence in a form and manner that may be prescribed by Council that the person:
 - (i) meets the requirements applicable to all class of licences in paragraph 2.3, except as specified in paragraph (b); and,
 - (ii) meets one of the following requirements:
 1. is an undergraduate student enrolled in the College of Medicine, University of Saskatchewan and has been recommended by the Dean or designate of that College; or
 2. is an undergraduate student enrolled in any other College of Medicine approved by Council and has been recommended by the Dean or designate of that College; or
 3. is a postgraduate student who has been appointed as a resident in a training program through the College of Medicine, University of Saskatchewan; or
 4. is a postgraduate student enrolled as a resident in a residency training program other than a training program through the College of Medicine, University of Saskatchewan, but who is enrolled in a temporary elective through the College of Medicine; or
 5. is involved in an assessment or training program approved by the Council.
- (b) An undergraduate student or a postgraduate student who is a graduate of a LCME/CACMS approved school is not required to provide proof of having passed the examinations specified in paragraph 2.3 (d)(vii).
- (c) An applicant who is granted an Educational Licence under paragraph (a) (ii) 1., 2., 3., or 4. above may only practise medicine within the scope of the authority granted by the educational program of the College of Medicine or residency training program, as the case may be.
- (d) A person who is granted an Educational Licence under paragraph (a) (ii) 5. may only practise medicine within the scope of the assessment or training program approved by the Council.
- (e) An Educational Licence may be granted subject to restrictions or conditions, which shall be stated in the Licence.
- (f) The Council may authorize the holder of an Education Licence who is on the Education Register as a resident or by reason of other postgraduate training being undertaken by the physician, to engage in the practice of medicine (moonlighting) in addition to the educational program of the College of

Medicine or residency training program, as the case may be, if the applicant has filed a practice plan with the office of the Associate Dean of Postgraduate Medical Education and has received the approval of the Program Director in the physician's program and the office of the Associate Dean of Postgraduate Medical Education for that practice plan.

- (g) A person authorized to engage in additional medical practice under paragraph (f) may only practise medicine as authorized in the approval of the practice plan.
- (h) The authorization to engage in additional medical practice under paragraph (f) shall be subject to the following limitations:
 - (i) the physician must have clear and immediate access to supervision including the availability of direct (on-site) supervision when necessary; and,
 - (ii) the physician must function under the direct supervision of the most responsible physician - who retains primary responsibility for the patient. The physician shall not be a replacement or substitute for the most responsible physician; and,
 - (iii) such other restrictions or limitations as may be specified by the Council.
- (i) The Council's authorization to engage in additional medical practice under paragraph (f) shall automatically be revoked if the approval of the Associate Dean of Postgraduate Medical Education or the Program Director is withdrawn.
- (j) A person whose name is entered on the Education Register shall not sign a document that requires the signature of a duly qualified medical practitioner, unless that person also holds a form of licensure permitting the person to engage in independent practice.
- (j.1) notwithstanding paragraph (j), a resident may sign an order under *The Youth Drug Detoxification and Stabilization Act*, but only after consulting with a physician who will not be signing the order. The order must, in addition, be signed by a physician holding a regular or provisional licence.
- (k) A person's name shall be removed from the Education Register and their Educational Licence will terminate:
 - (i) upon completion of the training or assessment program; or,
 - (ii) upon removal of the person's status with the assessment or training program; or,
 - (iii) by Council for cause.

Focused competency programs offered by the College of Medicine, University of Saskatchewan

(l) In subsections (l) through (r), "focused competency program" means a program for the education of internationally-trained physicians approved by the Council. A focused competency program can only be approved by the Council if it meets all of the following criteria:

- (i) the program has been approved by the College of Medicine, University of Saskatchewan; and,
- (ii) the program is intended solely to enhance the skills of internationally-trained physicians who are entitled to practise medicine in their country of training to allow them to return to their country of training with enhanced skills; and,

- (iii) the College of Medicine has submitted a written proposal to the Council describing the learning objectives to be achieved by physicians selected to participate in the focused competency program, the method of assessments for physicians who participate in the focused competency program, the method of selection of candidates, the qualifications that candidates will have achieved in order to be considered for inclusion in the focused competency program, the supervision which will be provided by the College of Medicine, the expected duration of the training for each candidate selected into the focused competency program and any other information related to the focused competency program and the physicians who may be considered for selection into the focused competency program that the Council may request; and,
- (iv) If the College of Medicine intends to assess the English language proficiency of physicians who it is considering selecting to participate in the focused competency program, the College of Medicine has submitted a written proposal to the Council describing the method by which that will be done.

(m) The Council may, in its absolute discretion, approve or refuse to approve a focussed competency program. The Council may, in its absolute discretion, after providing the College of Medicine an opportunity to respond to issues of concern about a focussed competency program, rescind its approval of a focussed competency program.

(n) The Council may register and issue an Educational Licence to a person who has been selected by the College of Medicine to participate in a focussed competency program, provided the person:

- (i) has met the requirements of bylaw 2.3(a) and (c); and,
- (ii) is entitled to practise medicine in their country of training; and,
- (iii) has met the requirements of bylaw 2.3(b) or the College of Medicine has confirmed its opinion that the person can communicate safely and effectively in English in a manner appropriate to participate in the focused competency program.

(o) An applicant for an Educational Licence under a focused competency program is not required to comply with bylaw 2.3(d)(vi) or pass the examinations specified in bylaw 2.3(d).

(p) All of the provisions of bylaw 2.3 apply to an applicant for an Educational Licence under a focused competency program except to the extent that such provisions are inconsistent with subsections (l) through (r).

(q) A person granted an Educational Licence under a focused competency program may only practise medicine within the scope of the authority granted by the College of Medicine.

(r) An Educational Licence granted under a focused competency program will end:

- (i) upon completion of the focused competency program; or,
- (ii) upon removal of the person's status with the focused competency program; or,
- (iii) upon termination of the focused competency program.

2.13 PODIATRIC SURGERY PERMITS

- (a) The Council may issue a podiatric surgery permit to a person who:
 - (i) meets the non-exemptible standards and standards applicable to all classes of licensure in paragraph 2.3, except for subparagraphs (c) and (d)(v) through (vii), subject to any necessary changes to refer to podiatric surgery rather than medicine; and,
 - (ii) holds a Doctor of Podiatric Medicine degree from one of the podiatric medical education programs approved by the College of Physicians and Surgeons of British Columbia for the purpose of full registration as a podiatric surgeon; and,
 - (iii) has successfully completed the three-part American Podiatric Medical Licensing Examinations (APMLE) administered by the National Board of Podiatric Medical Examiners; and,
 - (iv) has met one of the following requirements:
 - 1.. has successfully completed a minimum of two years of a Council on Podiatric Medical Education (CPME) accredited and approved residency; or,
 - 2.. if postgraduate training was completed before January 1, 2012, has successfully completed a minimum of a one year CPME accredited residency.
- (b) The provisions of subparagraphs (e) through (j) of paragraph 2.3 apply to a grant of a podiatric surgery permit subject to any necessary changes to refer to podiatric surgery rather than medicine.
- (c) Despite subsection (a), an applicant may be granted a podiatric surgery permit if the applicant currently holds authorization to practice podiatric medicine in another Canadian jurisdiction as the equivalent of a podiatric surgery permit under these bylaws.
- (d) The provisions of paragraph 2.10 apply to an application under subsection (c), subject to any necessary changes to refer to podiatric surgery rather than medicine.
- (e) A podiatric surgery permit may be renewed annually by a podiatric surgeon upon proof of insurance coverage and upon payment of the annual fee for a permit.
- (f) The provisions of bylaw 26.1 apply to podiatric surgeons and any reference in that bylaw to physicians apply with any necessary change to podiatric surgeons.
- (g) A podiatric surgery permit may be issued subject to restrictions or conditions.
- (h) It is unbecoming, improper, unprofessional or discreditable conduct for a podiatric surgeon to practise podiatric surgery in contravention of any restriction or condition imposed in the permit or in this bylaw.

2.13.1 PHYSICIAN ASSISTANTS

- (a) Definitions:

The following definitions apply in this paragraph 2.13.1:

- (i) **Authorized practice** – an act which constitutes the practice of medicine as established in *The Medical Profession Act, 1981*.

- (ii) **Regulated member** – a physician licensed by the College of Physicians and Surgeons of Saskatchewan who is actively engaged in the practice of medicine in Saskatchewan.
- (b) The Council may issue a licence to practise as a physician assistant to a person who:
- (i) meets the non-exemptible standards and standards applicable to all classes of licensure in paragraph 2.3, except for subparagraphs (c) and (d)(vi) through (viii), subject to any necessary changes to refer to practice as a physician assistant rather than the practice of medicine; and,
 - (ii) is a graduate of an accredited physician assistant training program in Canada which has been approved by the Council; and,
 - (iii) has obtained certification through the Canadian Association of Physician Assistants (CAPA) Physician Assistant Certification Council of Canada (PACCC); and holds and maintains the designation Canadian Certified Physician Assistant (CCPA).
- (c) The Council may issue a licence to practise as a physician assistant to a person who:
- (i) meets the non-exemptible standards and standards applicable to all classes of licensure in paragraph 2.3, except for subparagraphs (c) and (d)(vi) through (viii), subject to any necessary changes to refer to practice as a physician assistant rather than the practice of medicine; and,
 - (ii) is a graduate of a physician assistant training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States of America; and,
 - (iii) has passed the examination set by the National Commission of Certification of Physician Assistants in the United States of America and holds the designation PA-C; has obtained certification through the National Commission on Certification of Physician Assistants (NCCPA) in the United States of America and holds and maintains the designation Physician Assistant-Certified (PA-C).
- (d) The Council may issue a licence to practise as a physician assistant to a person who meets the requirements established in *The Labour Mobility and Fair Registration Practices Act* and *The Labour Mobility and Fair Registration Practices Regulations*.
- (e) In addition to meeting the requirements in paragraph (a), (b), (c) and (d), an applicant for a licence to practise as a physician assistant must also submit a practice description and contract of supervision with a regulated member to the Registrar for approval. The Registrar will only issue a licence to practise as a physician assistant if the Registrar approves the practice description, approves the supervisor(s) as appropriate to provide the supervision, and approves the contract of supervision.
- (f) A physician assistant may only perform an authorized practice if the physician assistant:
- (i) receives authorization from their supervisor to perform the authorized practice; and
 - (ii) is supervised by a regulated member who is legally permitted and competent to perform the authorized practice; and
 - (iii) practises under a contract of supervision and a practice description that have been approved by the Registrar.
- (g) A physician assistant must clearly identify themselves as such when engaging in professional practice.

Contract cancelled if no supervisor

- (h) A contract of supervision is automatically cancelled if:
 - (i) the supervisor is unable to fulfill their responsibilities under the contract; and
 - (ii) none of the designated alternate supervisors is able to fulfill their responsibilities under the contract.

Practice description

- (i) A practice description must:
 - (i) be in writing;
 - (ii) describe the duties and the services that the physician assistant will provide; and
 - (iii) be approved by the Registrar.

Expanding practice description

- (j) Before expanding the scope of their professional practice, a physician assistant must first obtain the Registrar's approval of a new practice description.

Contract of Supervision

- (k) A contract of supervision must:
 - (i) be in a form approved by the Registrar;
 - (ii) designate by name the regulated member who will supervise the applicant as the primary supervisor and indicate the primary supervisor's role and responsibilities;
 - (iii) designate by name one or more regulated members who will supervise the applicant as an alternate supervisor and indicate:
 1. the period during which, or the circumstances under which, the alternate will assume the duties and responsibilities of the primary supervisor, and
 2. any substantive alteration in the physician assistant's duties or responsibilities while supervised by the alternate supervisor;
 - (iv) include a term of the contract stating that each regulated member who signs the contract agrees to supervise the physician assistant;
 - (v) set out the terms and conditions for performing the duties described in the practice description;
 - (vi) be signed by:
 1. the physician assistant or the applicant for registration as a physician assistant;
 2. the primary supervisor;
 3. each designated alternate supervisor; and
 4. in the case of a physician assistant practising in a departmental or program setting, each additional regulated member who agrees to supervise the applicant; and
 - (vii) be approved by the Registrar.

Primary supervisor's role

- (l) A primary supervisor is responsible for giving direction and providing regular reviews concerning the performance of the physician assistant while they engage in professional practice.

Supervisor's duties

- (m) A supervisor must:
 - (i) provide personal on-site supervision for at least the number of hours each month as specified in the contract of supervision;
 - (ii) subject to paragraph (n), be available to supervise the physician assistant for at least the number of hours each week as specified in the contract of supervision; and
 - (iii) comply with any requirement set out in the practice description concerning the supervision of physician assistants.
- (n) A supervisor is not required to be physically present for the weekly supervision if the physician assistant is engaged in their professional practice in a location separate from the supervisor's regular practice location.

Limits on supervisor

- (o) A supervisor must not permit a physician assistant to engage in professional practice beyond the scope of the supervisor's professional practice.
- (p) A supervisor must not permit or require a physician assistant to engage in professional practice, including the performance of an authorized practice, if the supervisor determines that the physician assistant is not competent to do so.
- (q) A supervisor must not permit a physician assistant to independently assume some or all of the supervisor's duties or responsibilities.

Performance reports

- (r) A primary supervisor must submit to the Registrar reports on the performance of the physician assistant that meet any requirements specified by the Registrar.

Number of supervisors and assistants

- (s) At any one time, a regulated member may not be the sole primary supervisor for more than three physician assistants.
- (t) As an exception to subsection (s), the registrar may permit a member to be the supervisor for more than three physician assistants. The permission must be granted before the contracts of supervision are entered into.

Designated alternate supervisor

- (u) The role of a designated alternate supervisor is to assume some or all of the duties and responsibilities of the primary supervisor under the contract when they are absent or otherwise unable to act.
- (v) If an additional or substitute alternate supervisor in a department or program is proposed:

- (i) the designation of that supervisor must be confirmed in writing by the additional or substitute alternate supervisor and by the physician assistant by either adding the additional designation to the contract of supervision or entering into a new contract of supervision; and
 - (ii) the amendment or the new contract must be approved by the Registrar.
- (w) If the primary supervisor is absent or unable to act for any reason, they must take reasonable steps to ensure that the designated alternate supervisor supervises the physician assistant.

Maintenance of Insurance

- (x) In order to be granted a licence, or renew a licence, a physician assistant shall provide proof that they are insured under a contract of malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence. A physician assistant shall at all times maintain such insurance during the period that they are licensed in Saskatchewan.

Maintaining Continuing Professional Development

- (y) In order to be granted a licence, or renew a licence, a physician assistant shall provide proof that they are enrolled in and meet the requirements of the continuing professional development program provided by the Canadian Association of Physician Assistants (CAPA) Physician Assistant Certification Council of Canada or the continuing professional development program provided by National Commission on Certification of Physician Assistants.
- (z) The provisions of bylaw 5.1(f) through (m), with all necessary changes from "physician" to "physician assistant", apply to physician assistants.
- (aa) The provisions of bylaw 7.1 to 24.1 inclusive, bylaw 27.1 and bylaw 33.1, with all necessary changes from "physician" to "physician assistant", apply to physician assistants.

2.14 GRANT OR RENEWAL OF LICENCE OR PERMIT IN EXTRAORDINARY CIRCUMSTANCES

- (a) If in the opinion of the Council extraordinary circumstances exist relating to an application for a licence, and if, in the opinion of the Council there is a demonstrated resource need for a physician who does not meet all of the criteria for the issuance of a licence, and if, in the opinion of the Council, it is in the public interest to do so, a licence may be issued to a physician who does not meet one or more of the criteria specified in paragraphs 2.3, 2.4, 2.5, 2.8, 2.10, 2.11 or 2.12 above, provided that the physician:
 - (i) has met the non-exemptible standards contained in paragraph 2.3; and,
 - (ii) has, in the opinion of the Council, training to perform the services that are appropriate to the type of licence or permit being sought.
- (b) If a physician's provisional licence has been terminated due to that physician's failure to demonstrate successful practise with a supervisor for a period of at least one year in Saskatchewan, the Council may, provided the conditions in paragraph (a) are met, grant a further provisional licence for such period of time as the Council may specify to permit the physician to meet the requirement to demonstrate successful practice.
- (c) If a physician's provisional licence has been terminated due to that physician's failure to successfully complete an assessment which demonstrates to the satisfaction of the Council that the applicant has appropriate skill, knowledge or suitability to practise independently, the Council may, provided the

conditions in paragraph (a) are met, grant a further provisional licence for such period of time as the Council may specify to permit the physician to meet the requirement to successfully complete an assessment.

- (d) If a physician's provisional licence has been terminated due to that physician's failure to pass an examination or meet a requirement to obtain a qualification within the time limited by that physician's licence, the Council may, provided the conditions in paragraph (a) are met, grant a further provisional licence for such period of time as the Council may specify to permit the physician to meet the requirement to pass the examination or meet the requirement to obtain the qualification.
- (e) If a physician's provisional licence has been terminated due to the physician's failure to meet a condition of that provisional licence contained in bylaw 2.6, a licence granted under the authority of paragraph (a) may be granted for a limited time, not to exceed one year, to allow for continuity of care for that physician's patients.
- (f) Notwithstanding paragraph (e), where a physician's licence has been terminated due to that physician's failure to meet a condition of that provisional licence contained in bylaw 2.6, a licence granted under the authority of paragraph (a) may be granted for a further limited time, to allow for continuity of care for that physician's patients, beyond one year, but before doing so, the Council shall:
 - (i) determine that there are extraordinary circumstances which demonstrate that it is in the public interest to continue the physician's licensure after the 12 month period provided in paragraph (e); and,
 - (ii) consider information from the physician's peers respecting the physician's performance; and,
 - (iii) review the physician's information in the possession of the College, including information pertaining to any complaints filed with the College; and,
 - (iv) consult with the provincial health authority and consider any information or recommendations from the provincial health authority.
- (g) A licence granted under the authority of bylaw 2.14 may be issued subject to conditions including, but are not limited to:
 - (i) a restriction that the physician practises only under the supervision of a named physician approved by the Council;
 - (ii) a restriction that the physician practises only in a specified practice location;
 - (iii) a restriction that the physician practises only while employed by a named employer;
 - (iv) a restriction that the physician practises only a defined branch or form of medicine;
 - (v) a restriction that the physician shall not practise a branch or form of medicine;
 - (vi) a condition that the physician participate in a program of orientation, assessment or review;
 - (vii) a condition that the licence is subject to ongoing reviews of the physician's practice which, in the opinion of the Council, demonstrate that the physician is practising medicine at an appropriate standard;
 - (viii) a condition that the licence is valid only for a limited time and may not be renewed thereafter.

- (h) If, in the opinion of the Registrar, the holder of a licence issued under the authority of paragraph 2.14 has failed to comply with a restriction or condition imposed under paragraph (g), or if, in the opinion of the Registrar, an assessment or review fails to demonstrate that the physician is practising medicine at an appropriate standard, the Registrar shall immediately give the physician notice of intention to suspend or revoke the physician's licence. The Registrar may, after providing the physician an opportunity to respond, suspend or revoke the physician's licence if, in the Registrar's opinion, it is appropriate to do so.
- (i) If the licence of a physician who has completed postgraduate medical training in Canada has been terminated due to that physician's failure to pass an examination or to meet a requirement to obtain a qualification within the time limited by that physician's licence, the Council may approve a process for the physician to undergo an assessment which is intended to determine whether the physician has appropriate skill, knowledge and suitability to practise independently.
- (j) A physician who seeks to undergo an assessment pursuant to paragraph (i), will be required to sign a release in which the physician agrees that the only remedy available to the physician if unsuccessful in the assessment is a review of the Registrar's decision by the Council and an appeal to the Court of King's Bench or the Court of Appeal, as provided for in *The Medical Profession Act, 1981*.
- (k) If the Council approves a process for an assessment pursuant to paragraph (i), the Council may grant a provisional licence to the physician. That licence will require the physician to successfully practise with a supervisor until the physician meets the requirements for a regular licence and may contain other limitations or requirements, including any of the limitations, restrictions or conditions in paragraph 2.3(h).
- (l) The Council may consider any of the following in determining whether approve a process for a physician to undergo an assessment pursuant to paragraph (i):
 - (i) Whether, in the Council's opinion there are extraordinary circumstances relating to that physician's application for a licence;
 - (ii) Whether, in the opinion of the Council's opinion, it is in the public interest to do so;
 - (iii) The availability of such an assessment;
 - (iv) The willingness of the Saskatchewan Health Authority to perform or participate in such an assessment;
 - (v) Any information or recommendations provided by the Saskatchewan Health Authority;
 - (vi) Information in the College's possession related to the physician, which may include supervision reports, records of complaints, information related to physician prescribing and information from the Advisory Committee on Medical Imaging (if the physician has been reviewed by the ACMI);
 - (vii) Information from colleagues or coworkers relating to whether the physician has met CanMEDS or CanMEDS-Family Medicine competencies;
 - (viii) Information about previous results in examinations or assessments related to eligibility for licensure as a physician;
 - (ix) Information from the physician's undergraduate or residency program,
 - (x) The physician's participation in Continuing Medical Education courses or activities;

- (xi) Any other information that the Council concludes may be relevant to the Council's decision whether to offer an assessment.
- (m) The Council will establish the details of the process for a physician to undergo an assessment pursuant to paragraph (i). The assessment may include any or all of the following:
 - (i) Observed performance in practice settings;
 - (ii) Structured clinical encounters;
 - (iii) Structured oral interviews;
 - (iv) Simulations;
 - (v) Chart review;
 - (vi) Chart stimulated recall;
 - (vii) A period of observed practice;
 - (viii) The results from a multisource feedback survey involving colleagues, peers and patients.
 - (ix) An assessment of the physician's compliance with CanMEDS or CanMEDS-Family Medicine competencies.
 - (x) Any other method of assessment that the Council concludes is relevant to a determination whether the physician has appropriate skill, knowledge and suitability to practise independently.
- (n) After reviewing the results of an assessment, the Registrar or the Council can refuse further licensure, grant a regular licence without restrictions or grant a regular licence with restrictions.

2.15 – REPEALED

2.16 TRANSITION

- (a) A physician who, on September 19, 2014, held a licence to practise medicine, shall be entitled to retain a form of licensure after the effective date of these bylaws which contains the same rights, obligations and conditions as contained in the form of licensure held prior to these bylaws coming into effect;
- (b) A physician whose postgraduate training was taken outside of Canada and who, on September 19, 2014, was licensed on a provisional licence on the basis that the physician was eligible to write the examinations of the Royal College of Physicians and Surgeons of Canada, or was certified by the Royal College of Physicians and Surgeons of Canada, shall be entitled to a provisional licence subject to the following terms and conditions:
 - (i) The physician will obtain certification from the Royal College of Physicians and Surgeons of Canada within the period of eligibility established by the Royal College; and,
 - (ii) The physician will attain a pass standing in the Medical Council of Canada Qualifying Examination Part I on or before March 18, 2017; and,
 - (iii) The physician will have five years of successful practice in Saskatchewan.

- (c) A physician whose postgraduate training was taken outside of Canada and who, on September 19, 2014, was licensed on the basis of the physician's qualifications in family medicine, shall be entitled to a provisional licence subject to the following terms and conditions:
 - (i) The physician will obtain certification from the College of Family Physicians of Canada on or before March 18, 2017;
 - (ii) The physician will attain a pass standing in the Medical Council of Canada Qualifying Examination Part I on or before March 18, 2017; and,
 - (iii) The physician will have five years of successful practice in Saskatchewan.
- (d) A licence granted to a physician who fails to meet the requirements of paragraph 2.16 (b) or (c) will automatically be revoked and cease to be valid;
- (e) It is a condition of all licences under paragraph (b) or (c) that the physician demonstrate, throughout the five year period, to the satisfaction of the Registrar, that the physician is successfully engaged in practice. A licence issued to a physician subject to a requirement that the physician successfully engage in practice in Saskatchewan will automatically be revoked and cease to be valid if, at any time, in the opinion of the Registrar, the physician is not successfully engaged in practice;
- (f) A physician may request the Council to review the Registrar's opinion which has resulted in revocation of the physician's licence. When conducting such a review the Council may provide the physician the opportunity to make representations to the Council in any manner that the Council may determine;
- (g) If, in the opinion of the Council, extraordinary circumstances exist with respect to a physician who has attained a pass standing the Medical Council of Canada Evaluating Examination, but not MCCQE1 the Council can waive the requirement that the physician attain the MCCQE1;
- (h) Subject to paragraphs (a) through (g), the Council may, after September 19, 2014, issue a new form of licensure to a physician who held a licence on September 19, 2014 and in doing so, shall follow the terminology and provisions of these bylaws to the extent that it is possible to do so.

2.17 EXEMPTION FROM LICENSURE REQUIREMENTS

Visiting Medical Instructor

- (a) A physician is authorized to provide services as a medical instructor without being licensed to practise medicine in Saskatchewan, provided each of the following conditions is met:
 - (i) The physician holds a licence without conditions or restrictions to practise medicine granted by a medical regulatory body in Canada; and;
 - (ii) The physician resides in another province or territory of Canada, and practises medicine in that province or territory; and,
 - (iii) The physician is not the subject of an investigation, review or other proceeding by any medical regulatory authority which could result in the applicant's entitlement to practise medicine being cancelled, suspended, limited, restricted, or subjected to conditions,
 - (iv) The physician has received a written request from a Saskatchewan physician (the sponsoring physician) to provide a structured educational experience to one or more Saskatchewan physicians; and,

- (v) The sponsoring physician has accepted responsibility to supervise the physician during the period of the structured educational experience; and,
- (vi) The physician will have professional medical liability coverage in place which meets the requirements of College bylaws before providing medical services; and,
- (vii) The medical services provided by the physician are limited to medical services while in the course of providing medical education specified in the request from the sponsoring physician; and,
- (viii) Any medical services involving patient contact, diagnosis or treatment are conducted under the direct supervision of the sponsoring physician - who retains primary responsibility for the patient. The physician shall not be a replacement or substitute for the most responsible physician; and,
- (ix) The services provided under this exemption are limited to not more than 30 days in any calendar year.

Visiting Clinician

- (b) A physician is authorized to provide services as a visiting clinician without being licensed to practise medicine in Saskatchewan, provided each of the following conditions is met:
 - (i) the physician holds a licence without conditions or restrictions to practise medicine granted by a medical regulatory body in Canada; and;
 - (ii) the physician resides in another province or territory of Canada, and practises medicine in that province or territory; and,
 - (iii) the physician is not currently the subject of an investigation, review or other proceeding by any medical regulatory authority which could result in the applicant's entitlement to practise medicine being cancelled, suspended, limited, restricted, or subjected to conditions, and,
 - (iv) the physician has received a written request from a Saskatchewan physician to provide medical services to a specific event of limited duration, not to exceed 15 days; and,
 - (v) the Registrar has approved the specific event as one to which this paragraph applies; and,
 - (vi) the medical services provided by the physician are limited to medical services at the specific event and for which the written request was made; and,
 - (vii) the services provided under this exemption are limited to not more than 15 days in any calendar year; and,
 - (viii) the physician will not submit claims to Medical Services Branch for services provided as a visiting clinician.

Visiting Clinician

- (c) A physician is authorized to provide services as a visiting clinician without being licensed to practise medicine in Saskatchewan, provided each of the following conditions is met:
 - (i) the physician holds a licence without conditions or restrictions to practise medicine granted by a medical regulatory body in Canada; and;
 - (ii) the physician resides in another province or territory of Canada, and practises medicine in that province or territory; and,

- (iii) the physician is not currently the subject of an investigation, review or other proceeding by any medical regulatory authority which could result in the applicant's entitlement to practise medicine being cancelled, suspended, limited, restricted, or subjected to conditions, and,
- (iv) the physician is travelling with individuals who are not resident in Saskatchewan for the purpose of providing medical services to those individuals; and,
- (v) the medical services provided by the physician are limited to medical services to those individuals.

Physicians associated with the armed forces

- (d) A physician is authorized to provide services as a member of the Canadian Armed Forces, an employee of the Department of National Defence or as a physician providing services pursuant to a contract or sub-contract with the Canadian Armed Forces, without being licensed to practise medicine in Saskatchewan, provided each of the following conditions is met:
 - (i) The physician holds a valid medical licence from a Canadian Medical Regulatory Authority;
 - (ii) The services being provided are within the physician's medical scope of practice and within the physician's responsibilities as a member of the Canadian Armed Forces, an employee of the Department of National Defence or pursuant to a contract or sub-contract with the Canadian Armed Forces;
 - (iii) If the physician is a member of the Canadian Armed Forces or an employee of the Department of National Defence, the physician limits their practice of medicine in Saskatchewan to services that are within their scope of practice and responsibilities as a member of the Canadian Armed Forces or employee of the Department of National Defence;
 - (iv) If the physician is not a member of the Canadian Armed Forces, the physician limits their practice of medicine in Saskatchewan to services that are within their scope of practice and responsibilities pursuant to a contract or sub-contract with the Canadian Armed Forces;
 - (v) If the physician is not a member of the Canadian Armed Forces or employee of the Department of National Defence, the Canadian Armed Forces has or can confirm that the physician has membership in the Canadian Medical Protective Association or is insured under a contract of malpractice insurance that meets the requirements of the College's bylaws.

2.18 EMERGENCY LICENSURE

- (a) If, in the opinion of the Registrar, or if the Registrar is not available, the deputy Registrar, or if neither the Registrar nor deputy Registrar is available, a member of the Executive Committee, there exists an emergency such as a pandemic, natural disaster or terrorism, and in that person's opinion there are insufficient physicians to provide necessary care to individuals in Saskatchewan affected by the emergency, a declaration of an emergency may be made by the College;
- (b) If a declaration of an emergency has been made by the College, the Registrar, or if the Registrar is not available, the deputy Registrar, or if neither the Registrar nor deputy Registrar is available, a member of the Executive Committee may:
 - (i) waive any of the requirements for licensure contained in bylaws 2.3 through 2.6;
 - (ii) suspend the effect any of provisions of the College's bylaws or any policy, guideline or standard of practice of the College which, in that person's opinion, should be suspended in order to reduce the risk of harm to the population of Saskatchewan;

- (c) A licence granted under the authority of bylaw 2.18 may be subject to conditions or limitations including but not limited to:
 - (i) a restriction that the physician practises only under the supervision of a named physician;
 - (ii) a restriction that the physician practises only in a specified practice location or locations;
 - (iii) a restriction that the physician practises only a defined branch or form of medicine;
 - (iv) a condition that the licence is valid only for a limited time and may not be renewed thereafter.
- (d) A licence granted under the authority of bylaw 2.18 may be terminated by the Registrar, the deputy Registrar or a member of the Executive at any time, without notice to the physician to whom the licence has been granted, if, in the opinion of that person it is appropriate to do so;
- (e) A licence granted under the authority of bylaw 2.18 shall be terminated when, in the opinion of the Registrar, or if the Registrar is not available, the deputy Registrar, or if neither the Registrar nor deputy Registrar is available, a member of the Executive Committee, declares that the declaration of an emergency is no longer in effect.

2.19 DELEGATION OF LICENSURE DECISIONS TO THE REGISTRAR

- (a) The Council delegates the authority to the Registrar to:
 - (i) register persons as members of the college;
 - (ii) issue licences;
 - (iii) register professional corporations;
 - (iv) issue permits;
 - (v) register and issue permits to podiatric surgeons; and,
 - (vi) revoke a permit issued to a professional corporation.
- (b) The delegation to the Registrar includes the authority for a member of the Registrar's staff to carry out those functions if authorized by the Registrar.

3.1 RENEWAL AND EXPIRATION OF LICENCES

- (a) All licences and permits shall contain an expiry date and, unless a different expiry date is specified in the licence or permit, the licence or permit shall expire on November 30, next following the date of issuance of the licence or permit;
- (b) In order to renew a licence or permit, other than an Educational Licence, a physician shall be required to:
 - (i) pay the fee for the licence or permit established under College bylaws and any additional fees which the physician is required to pay that are authorized by College bylaws;
 - (ii) provide confirmation of insurance or a waiver of the insurance requirement pursuant to College bylaws;
 - (iii) provide a signed declaration, providing the information and documents required by the following declaration:

1. During the past two calendar years, has a medical regulatory authority suspended or revoked your medical licence, registration or certificate?

Yes ____ No ____

2. For this question, the College does not inquire about investigations that have resulted in a decision that an allegation is not proved. It also does not inquire about complaints that are dealt with through the Quality of Care Advisory Committee of the College of Physicians and Surgeons of Saskatchewan or the alternate dispute resolution processes used by the provincial health authority. The College requires information about all other enquiries or investigations by medical licensing authorities or hospitals.

During the past two calendar years, have you been notified that you are the subject of an enquiry or investigation by a medical licensing authority or hospital, not referenced above?

Yes ____ No ____

3. The College does not inquire about criminal investigations that have resulted in a decision to withdraw a criminal charge, or a decision that the physician is not guilty. The College requires disclosure of information about all other arrests or criminal charges. Criminal offences do not include traffic violations or parking infractions but do include drinking and driving violations and possession of illegal drugs.

During the past two calendar years, have you been arrested or charged with any criminal offence, in Canada or elsewhere, other than charges that have been withdrawn or which resulted in your acquittal?

Yes ____ No ____

If you answered yes to this question, provide a copy of the legal decision.

4. During the past two calendar years, have you pleaded guilty to, or been convicted of, any criminal offence in Canada or elsewhere? (Criminal offences do not include traffic violations or parking infractions but do include drinking and driving violations and possession of illegal drugs). Yes ____ No ____

If you answered yes to this question, provide a copy of the legal decision.

5. During the past two calendar years, have your privileges been restricted, suspended or removed by a hospital, health authority or other health care organization? Yes ____ No ____

6. During the past two calendar years, have you agreed to a limitation, restriction, suspension or removal of your privileges after having been notified of an investigation by a hospital, health authority or other health care organization? All such limitations, restrictions, suspensions or removals must be reported, whether arising from alternate dispute resolution processes or any other process.

Yes ____ No ____

7. Do you, will you, or is there a potential that you will perform or assist in performing exposure-prone procedures?

Yes ____ No ____

If you answered 'yes' to this question, following review of the CPSS policy "Bloodborne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students" and Bylaw 24.1 "Reporting of Blood-borne viruses", are you compliant with the policy and bylaw?

Yes ___ No ___

If you answered 'yes' to question 7, have you ever tested positive for a blood-borne virus such as hepatitis B virus (HBV), hepatitis C virus (HCV) or human immunodeficiency virus (HIV)?

Yes ___ No ___

8. During the past two calendar years, have you had or has a health professional advised you that you have a physical, cognitive, mental and/or emotional condition (not including a blood-borne virus) which in any way may reasonably be expected to pose a risk of harm to patients or to negatively impact your work as a physician?

Yes___ No___

If you answered 'yes' to this question – Do you have an attending physician for that condition(s)?

Yes___ No___

Are you compliant with the recommendations of your attending physician?

Yes___ No___

If you answered 'yes' to question 8, are you currently participating with the Physician Health Program of the Saskatchewan Medical Association?

Yes___ No___

Are you compliant with the Physician Health Program recommendations?

Yes ___ No ___

9. During the past two calendar years, have you been sued in a civil suit related to your medical practice? Yes ___ No ___

If the answer is "YES" provide a copy of the statement of claim or legal decision as the case may be.

10. During the past two calendar years, has there been a settlement or court judgment that awarded damages against you in a civil suit related to your medical practice? Yes ___ No ___

If the answer is "YES" provide a copy of the statement of claim or legal decision as the case may be.

11. List all licensing authorities, (Canadian or otherwise) not including the College of Physicians and Surgeons of Saskatchewan, with whom you currently hold a licence to practise medicine.

12. During the past 2 years, have you made a significant change in your scope of practice? Yes ___ No ___

If you answered yes to this question, provide a statement with complete details of the change in the scope of practice.

13. Do you intend to make a significant change in your scope of practice during the next year?
Yes ____ No ____

If you answered yes to this question, provide a statement with complete details of the change in the scope of practice.

14. Do you practise in a practice location where you have custody and control of patient health information? Yes ____ No ____

If you practise in a location where someone else - a physician, the provincial health authority or some other third party - controls all of the patient health information, then you are not a "trustee" as defined by Saskatchewan privacy legislation, **The Health Information Protection Act**

15. Does each of the practice locations where you regularly practise have a written privacy policy?
Yes ____ No ____

If you have answered "No" to this question, identify the practice location and the individual primarily responsible for management of that practice location.

College bylaws require all facilities that are controlled by physicians to have a written privacy policy that is available to the individuals working in that location.

16. For each practice locations where you regularly practise that has a written privacy policy – Have you read and are you familiar with that privacy policy? Yes ____ No ____ Not Applicable ____

College bylaws require if there is a privacy policy available at a practice location, the physicians who work at that practice location should read and be familiar with that privacy policy.

- (c) For the purpose of questions 12 and 13 above, a significant change in a physician's scope of practice is one in which the nature of the patient population cared for by the physician, the treatments provided by the physician or the environment in which the physician sees patients has changed in a significant way. A significant change in a physician's scope of practice is also where a physician begins to practise outside of what would be considered the usual scope of practice for the physician's discipline, training and experience.
- (d) In addition to complying with paragraph (b) above, a physician who seeks to renew a licence to practise virtual care issued under bylaw 2.11(a) shall be required to sign a declaration that during the preceding year, the physician has limited his/her practice of medicine in Saskatchewan to the practice of virtual care with the number of patients located in Saskatchewan that corresponds to the fee paid to the College prescribed by the bylaws;
- (e) The Registrar shall not renew a licence unless all of the requirements of paragraphs 3.1(b) and 3.1(d) have been met;
- (f) The Registrar may ask for clarification of any information provided by an applicant for a licence and may withhold the grant of a licence until that information has been provided.

3.2 THE REGISTER

- (a) The Registrar shall keep a Register, in which shall be entered the name of every person entitled to be registered according to the provisions of the Act and bylaws;

- (b) The contents of the Register which shall be available to the public shall consist of the following information:
 - (i) the physician's name;
 - (ii) the physician's gender;
 - (iii) the physician's office address;
 - (iv) the physician's office telephone number;
 - (v) the physician's medically related degrees, including where and when conferred;
 - (vi) the physician's certifications granted by the RCPSC, CFPC, or equivalent organization granting certification in a discipline of medicine;
 - (vii) the physician's area of practice;
 - (viii) final decisions in which a physician was found guilty of unbecoming, improper, unprofessional or discreditable conduct under section 47 of the Act, or to have lacked skill and knowledge under section 45 of the Act.
- (c) Nothing in paragraph (b) shall require the College to gather the information described in that paragraph.

3.3 RESIGNATION

- (a) A person registered under *The Medical Profession Act, 1981* may apply to resign by filing an application with the Registrar.
- (b) A person applying to resign who is currently under investigation or aware of any potential complaint to the College must advise the Registrar.
- (c) The Registrar may approve an application pursuant to this bylaw, subject to any condition, including subsequent reporting requirements on a matter mentioned in paragraph (e).
- (d) A person remains registered under *The Medical Profession Act, 1981* until the resignation is approved by the Registrar .
- (e) In exercising the authority whether to approve the application, the Registrar shall consider whether:
 - (i) the person has met the College's expectations for physicians who leave practice and has made adequate arrangements for patients, including management of:
 1. patient charts;
 2. continuity of patient care;
 3. transition of patient care to other physicians.
 - (ii) the person is under investigation or may be subject to a complaint to the College; and
 - (iii) whether granting the application is inimical to the public interest or would harm the standing of the medical profession.

4.1 RETURNING TO PRACTICE IN SASKATCHEWAN AFTER AN ABSENCE OR DISABILITY, INACTIVE PRACTISE, OR CHANGE IN SCOPE OF PRACTICE

- (a) For the purpose of paragraph 4.1, a significant change in a physician's scope of practice is one in which the nature of the patient population cared for by the physician, the treatments provided by the physician or the environment in which the physician sees patients has changed in a significant way. A significant change in a physician's scope of practice is also where a physician begins to practise outside of what would be considered the usual scope of practice for the physician's discipline, training and experience.
- (b) Upon the written request of the Registrar or the Deputy Registrar, a physician who has practised in another jurisdiction, or who has not actively practised in Saskatchewan for a period exceeding six months, shall:
 - (i) provide a list of other jurisdictions in which the physician has practised medicine;
 - (ii) provide a description of the type of medical practice which the physician has carried on;
 - (iii) provide details of continuing medical education which has been taken by the physician;
 - (iv) advise whether any investigations have been undertaken by any other medical licensing or regulatory authority and, if such investigations have occurred, provide authority to the Registrar or the Deputy Registrar to make inquiries of the medical licensing or regulatory authority which has undertaken any such investigations;
 - (v) provide any other information or documents in the possession or control of the physician which, in the opinion of the Registrar or Deputy Registrar, are relevant to the conduct of the physician in another jurisdiction or the fitness of the physician to practise in Saskatchewan;
 - (vi) provide a Certificate of Standing from any jurisdiction in which the physician has practised;
 - (vii) provide such consents as may be requested by the Registrar or the Deputy Registrar for the release of information or documents which are not in the possession or control of the physician, if in the opinion of the Registrar or the Deputy Registrar, the information or documents are relevant to the conduct of the physician in another jurisdiction or the fitness of the physician to practise in Saskatchewan; and
 - (viii) provide the information, documents or consents referred to in paragraphs (i) through (vii) within fourteen days of the receipt of the request, or such additional time as may be granted by the Registrar or Deputy Registrar for the response.
- (c) It is unbecoming, improper, unprofessional or discreditable conduct to fail to comply with paragraph 4.1(b).
- (d) For the purpose of paragraph 4.1(f) to (i), a physician who has not engaged in 5 months of clinical practice within the past 5 years must comply with the same requirements as physicians who have been absent from clinical medical practice for three years or more.
- (e) For the purpose of paragraph 4.1(f) to (m), a physician who has been inactive due to illness or disability will be evaluated on an individual basis, as to the need for a formal assessment, irrespective of the length of time they have been absent from practice, and may be required to comply with the same requirements as physicians who have been absent from clinical medical practice for three years or more.

- (f) Physicians who plan to return to clinical medical practice after an absence of three years or more, or who plan to make a significant change in scope of practice, must first notify the College and complete an assessment and retraining satisfactory to the Registrar before doing so.
- (g) The Registrar shall consider the following when considering a need for assessment and retraining:
 - (i) The physician's previous training and experience;
 - (ii) The physician's previous performance in practice;
 - (iii) The physician's related activity during absence from practice, including participation in continuing professional learning;
 - (iv) The reasons for the physician's absence from practice;
 - (v) The physician's intended scope of practice.
- (h) Assessments may include but are not restricted to one or more of the following:
 - (i) Observed performance in practice-settings;
 - (ii) Structured clinical encounters;
 - (iii) Structured oral interviews;
 - (iv) Simulators;
 - (v) Written examinations.
- (i) Retraining may include but is not limited to the following:
 - (i) Directed self-study;
 - (ii) Traineeships with identified preceptors;
 - (iii) Formal residency training programs;
 - (iv) Supervised practice.
- (j) Physicians shall be responsible for the costs of their assessments and retraining.
- (k) Restrictions may be attached to a physician's registration based on the results of an assessment.
- (l) It is unbecoming, improper, unprofessional or discreditable conduct to fail to comply with paragraph 4.1(d) to (f).
- (m) A decision made by the Registrar pursuant to paragraph 4.1 shall be subject to review by the Council in the same manner as provided in section 31.1 of the Act.

5.1 STANDARDS FOR CONTINUING EDUCATION AND MAINTENANCE OF MEMBERSHIP

- (a) In this bylaw:
 - (i) the term "Mainpro+" means the program of Continuing Professional Development which the College of Family Physicians of Canada may require from time to time of its members as a condition of maintaining certification with the College of Family Physicians of Canada. The program, at the date of implementation of this bylaw, is called "Mainpro+". If the name or requirements of that program shall change, the requirements of this bylaw will continue to apply to physicians licensed in Saskatchewan, despite a change in the name or requirements;

- (ii) the term "Maintenance of Certification" means the program of Continuing Professional Development which the Royal College of Physicians and Surgeons of Canada may require from time to time of its members as a condition of maintaining fellowship with the Royal College of Physicians and Surgeons of Canada. The program, at the date of this bylaw, is called "Maintenance of Certification". If the name or requirements of that program shall change, the requirements of this bylaw will continue to apply to physicians licensed in Saskatchewan, despite a change in the name or requirements.
- (b) This bylaw shall apply to all physicians who have been granted a regular or provisional licence, and to all physicians formerly registered under sections 28, 29 or 30 of the Act and who, pursuant to paragraph 2.16 of these bylaws, remain licensed.
- (c) The Registrar may exempt a physician from the application of this bylaw if the physician is to be licensed for a period of less than one year and, at the time of registration, is not expected to seek further licensure in Saskatchewan.
- (d) In order to renew a licence to which bylaw 5.1 applies, a physician shall:
 - (i) provide a statement to the College of Physicians and Surgeons that the physician is enrolled in either Mainpro+ or Maintenance of Certification;
 - (ii) provide a statement of the date established by CFPC or RCPSC for the physician to meet the requirements of Mainpro+ or Maintenance of Certification;
 - (iii) if a physician has reached the date established by CFPC for the physician to meet the requirements of Mainpro+, or the date established by RCPSC for the physician to meet the requirements of Maintenance of Certification, provide proof to the satisfaction of the Registrar that the physician has met the requirements of Mainpro+ or Maintenance of Certification, as the case may be;
 - (iv) if CFPC has established a date for a physician to meet the requirements of Mainpro+, or the RCPSC has established a date for a physician to meet the requirements of Maintenance of Certification, and a new date is subsequently set by CFPC or RCPSC, the physician shall provide proof to the satisfaction of the Registrar that the physician, at the originally established date, met the requirements of Mainpro+ or Maintenance of Certification, as the case may be;
 - (v) an original certificate from CFPC or RCPSC, as the case may be, that the physician has met the requirements of Mainpro+ or Maintenance of Certification shall be acceptable proof that the physician has met the requirements.
- (e) Subject to the provisions of paragraphs (f) through (j) of this bylaw, a physician to whom bylaw 5.1 applies shall not be eligible to renew a licence if the College of Physicians and Surgeons receives information from The College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada that the physician is not compliant with the requirements of Mainpro+ or Maintenance of Certification as the case may be.
- (f) A physician may apply to the Registrar for:
 - (i) an exemption from the requirements of this bylaw; or
 - (ii) a direction that the physician's licence be renewed, notwithstanding the failure of the physician to meet the requirements of this bylaw.

- (g) The Registrar may require a physician making such a request to provide such information or documentation as the Registrar may specify, and may refuse to consider the application until such information or documentation is provided.
- (h) The Registrar may, in the exercise of the Registrar's discretion, grant or refuse a physician's request under this bylaw, or may grant the request subject to such terms and conditions as the Registrar may specify. In making a decision to grant, refuse, or grant subject to terms and conditions such a request, the Registrar may consider matters such as the following:
 - (i) the efforts of the physician to comply with the terms of the bylaw;
 - (ii) whether the physician is in substantial compliance with the terms of the bylaw;
 - (iii) the extent to which a physician is engaged in clinical practice;
 - (iv) whether the physician has applied to the CFPC or RCPSC for an extension of time to meet the Mainpro+ or Maintenance of Certification requirements, or for other relief with respect to the Mainpro+ or Maintenance of Certification requirements;
 - (v) if the physician has made such an application, the position of CFPC or RCPSC in response to the request;
 - (vi) any other matter that the Registrar may consider relevant to the request.
- (i) The Registrar may, in granting such a request, include any or all of the following conditions:
 - (i) the physician will provide an undertaking in writing that the physician will meet such terms and conditions as may be required by the Registrar;
 - (ii) the physician will take such form of education or remediation as the Registrar may specify;
 - (iii) the physician will meet the requirements of Mainpro+ or Maintenance of Certification within such time as the Registrar may specify;
 - (iv) any other term or condition as the Registrar believes is consistent with the goals and objectives of this bylaw.
- (j) If the Registrar imposes terms or conditions pursuant to paragraph 5.1(i), and a physician fails to meet those conditions, the Registrar may refuse to renew a physician's licence when the physician next requests a licence renewal.
- (k) The Registrar shall not renew a physician's licence unless the physician meets the requirements of this bylaw.
- (l) A decision made by the Registrar pursuant to bylaw 5.1 shall be subject to review by the Council in the same manner as provided in section 31.1 of the Act.
- (m) Where a physician has been refused renewal of a licence pursuant to this bylaw, and where the physician thereafter meets the requirements of this bylaw, the physician may apply within one year to be re-registered and, upon payment of the fee and meeting the other requirements for renewal of licensure prescribed in the College bylaws, the physician's licence shall be restored.

PART 3 – PRACTICE ENHANCEMENT

6.1 THE PRACTICE ENHANCEMENT COMMITTEE

(a) **Composition**

- (i) There shall be a standing committee appointed pursuant to Section 6(2)(p) and 6(2)(q) of the Act for the purpose of peer assessment of medical office practices which shall be known as the Practice Enhancement Committee.
- (ii) The Practice Enhancement Committee shall be composed of six persons appointed by the Council, three of whom shall be nominated by the Saskatchewan Medical Association.
- (iii) The members of the Practice Enhancement Committee shall be appointed by the Council annually. The Council may fill a vacancy in the Committee by appointing such person or persons as the Council thinks appropriate.
- (iv) From time to time, the chair, or one of the co-chairs, may appoint from the assessors one or more temporary members of the Practice Enhancement Committee as a temporary replacement for a member of the Committee who is unable to attend a meeting of the Committee, or as a temporary replacement for a member who has resigned. Such an appointment shall be made only for a single meeting of the committee.
- (v) A member of the committee appointed pursuant to subsection (iv) is entitled, with respect to the meeting for which the person is appointed, to all the rights and privileges of a member appointed pursuant to subsection (iii).

(b) **Objectives**

- (i) The purpose of the Practice Enhancement Committee is to establish, develop and administer an ongoing program of peer assessment of the office practice of members of the College in the member's chosen field to the end that the public may be served by helping members of the College to maintain proper standards of practice in the care of patients and the keeping of records.

(c) **Methods**

- (i) Subject always to the direction of the Council, the Practice Enhancement Committee shall conduct its business in such manner and may adopt, use and vary such programs and forms as it sees fit.
- (ii) The Practice Enhancement Committee may from time to time appoint any one or more of its members or other persons as assessors and delegate to persons so appointed the authority to conduct an assessment and to report thereon to the Practice Enhancement Committee.
- (ii) The Practice Enhancement Committee will select the members of the College to be assessed and in doing so will endeavour to have due regard for the distribution of medical practitioners in the province and the differences in practices and specialties to the end that the benefits of the activities of the Practice Enhancement Committee may be fairly extended to the public and the members of the College throughout the province.
- (iv) Every member of the College whose standards of practice are the subject of an assessment as part of a peer assessment program shall co-operate fully with the Practice Enhancement Committee and with its assessors. The co-operation required of a member includes:

1. permitting assessors appointed by the Practice Enhancement Committee to enter and inspect the premises where the member engages in the practice of medicine;
2. permitting assessors appointed by the Practice Enhancement Committee to inspect the member's records of the care of patients;
3. providing to the Practice Enhancement Committee or its assessors information requested by the Practice Enhancement Committee or the assessors in respect of the care of patients by the member, the member's records of the care of patients or such other information that may be requested that is relevant to office practice of the member;
4. providing the information mentioned in paragraph 6.1(c)(iv)3 in the form requested by the Practice Enhancement Committee or its assessors; and
5. conferring with the Practice Enhancement Committee or its assessors when requested to do so by the Practice Enhancement Committee or its assessors.

(d) Reporting

- (i) Where the Practice Enhancement Committee forms the opinion that the information it has gathered respecting a physician indicates that:
 1. the public is at an immediate risk of harm; or
 2. the physician has failed, after due notice, to comply with provisions of these bylaws pertaining to the Practice Enhancement Program, or has otherwise failed or refused to co-operate with the Practice Enhancement Committee in its assessment; or
 3. the physician has refused to undertake remedial measures recommended by the Committee and the Committee considers that such refusal is unreasonable; or
 4. the physician has done or failed to do something that is a serious breach of ethics;
 it shall report the matter to the Council in accordance with paragraphs 6.1(d)(ii) and (iii).
- (ii) Where the Practice Enhancement Committee concludes that one or more of the conditions in paragraph 6.1(d)(i) have been satisfied, the Practice Enhancement Committee shall report the matter to the College. When reporting such matter to the College, the Practice Enhancement Committee shall, at first instance, provide only sufficient information to permit the College to fulfill its responsibilities pursuant to the Act. Such information shall, at first instance, be limited to:
 1. where the Committee has formed the opinion that the public is at immediate risk of harm, the name of the physician, the conclusion of the Committee and general information pertaining to the harm perceived by the Committee;
 2. where the Committee has formed the opinion that the physician has failed, after due notice, to comply with the provisions of these bylaws pertaining to the Practice Enhancement Program, or has otherwise failed or refused to cooperate with the Practice Enhancement Committee in its assessment, the name of the physician and sufficient particulars of the physician's failure or refusal to permit the College to appoint a Preliminary Inquiry Committee to investigate such failure or refusal, or to permit the Council to lay a charge of unbecoming, improper, unprofessional or discreditable conduct against the physician;
 3. where the Committee has formed the opinion that the physician has refused to undertake remedial measure recommended by the Committee and the Committee considers that such

refusal is unreasonable, the name of the physician, information respecting the remedial measures recommended by the Committee and information pertaining to the physician's refusal;

4. where the Committee has formed the opinion that the physician has done or failed to do something which is a serious breach of ethics, the name of the physician and sufficient particulars of the physician's action or failure to permit the College to appoint a Preliminary Inquiry Committee to investigate such action or failure, or to permit the College to lay a charge of unbecoming, improper, unprofessional or discreditable conduct against the physician.
- (iii) Notwithstanding paragraph 6.1(d)(ii), if the physician with respect to whom the report is made applies to a court to prevent action being taken by the College, or if the physician seeks to quash an action taken by the College, or to appeal from a decision made by the College, or if the physician should oppose the appointment of a Preliminary Inquiry Committee or a Competency Committee by the College, the Practice Enhancement Committee shall provide to the College such additional information as may be necessary to provide the Court or the College with full information pertaining to the factual basis for the Committee's opinion.
 - (iv) Notwithstanding paragraphs 6.1(d)(ii) and 6.1(d)(iii) above, the Committee may, in its absolute discretion, provide additional information to the College relating to the matters in paragraph 6.1(d)(i) above, if the Committee concludes that the information is required by the College to protect the public interest.
 - (v) The Practice Enhancement Committee shall keep confidential all information gathered in the course of an assessment of an individual, and shall disclose such information only in accordance with the provisions of paragraphs 6.1(d) (i), (ii), (iii) and (iv). The Practice Enhancement Committee may provide information to the Council of a general nature, which does not identify the physicians involved, to permit the Council to assess the Practice Enhancement Program and to prepare reports of a general nature to the members of the College. The Council shall maintain confidential all information which it obtains from the Practice Enhancement Committee and shall not utilize such information unless:
 1. If the Practice Enhancement Committee has provided this information to the Council pursuant to paragraphs 6.1(d) (i), (ii), (iii) and (iv), the information may be used solely for the purpose of determining whether to lay a charge of unbecoming, improper, unprofessional or discreditable conduct, or to appoint a Preliminary Inquiry Committee or a Competency Committee, or for the purpose of an interview conducted by the Council or a Committee appointed by the Council, and for no other purpose; or
 2. For the purpose of preparing a report of a general nature by the Council to the members of the College. Such information shall not identify the physicians involved.
 - (vi) The Practice Enhancement Committee shall report to the Council and the Saskatchewan Medical Association on its activities and programs of assessment at such times and in such manner as the Council may from time to time direct.

(e) Meetings

- (i) The Committee will meet at the call of the Chair.

(f) Other provisions

- (i) A witness before a Discipline Hearing Committee or a Competency Hearing Committee may not be asked and is not permitted to answer any question or make any statement with respect to any proceeding before a Practice Enhancement Committee, and may not be asked to produce and is not

permitted to produce any report, statement, memorandum, recommendation, document, information, data or record that is:

1. prepared exclusively for the use of or made by; or
 2. used exclusively in the course of, or arising out of, any investigation by a Practice Enhancement Committee.
- (ii) No report, statement, memorandum, recommendation, document, information, data or record mentioned in paragraph 6.1(f)(i) is admissible as evidence before a Discipline Hearing Committee or a Competency Committee.
- (iii) Paragraphs 6.1(d)(v), 6.1(f)(i) and 6.1(f)(ii) do not apply to hearings before a Discipline Hearing Committee on a charge that a physician is guilty of unbecoming, improper, unprofessional or discreditable conduct for failing or refusing to co-operate with the Practice Enhancement Committee or for failing to comply with the provisions of these bylaws pertaining to the Practice Enhancement Program.
- (iv) If, during the course of an assessment or assessments, the Practice Enhancement Committee identifies concerns of a systemic nature that, in the opinion of the Committee:
1. should be remedied; and
 2. are not limited to the practice of the physician being assessed
- the Committee may report their concerns to the individuals or organizations that, in the Committee's opinion, have the responsibility to remedy such concerns.
- (v) If a report pursuant to paragraph 6.1(f)(iv) is made to a physician, or to more than one physician, the Practice Enhancement Committee may:
1. meet with the physician(s);
 2. prepare recommendations to the physician(s) to address the concerns identified by the Practice Enhancement Committee;
 3. arrange for a review, at some future time, to determine if the concerns of a systemic nature identified by the Committee have been rectified.
- (vi) Where the Committee has formed the opinion that the physician(s) has refused or neglected to remedy the concerns of a systemic nature identified by the Committee pursuant to paragraph 6.1(f)(iv) the Committee may refer that matter to the College and the provisions of paragraph 6.1(d) apply, with such changes as may be necessary.
- (vii) If a report pursuant to paragraph 6.1(f)(iv) is made to a person who is not a physician, or to an organization, the Practice Enhancement Committee may:
1. meet with such person or persons as the Committee think advisable;
 2. prepare recommendations to the person or persons to address the concerns identified by the Practice Enhancement Committee;
 3. arrange for a review, at some future time, to determine if the concerns of a systemic nature identified by the Committee have been rectified.
- (viii) The Committee may also report the matter to the Minister of Health if the report pertains to:

1. the provincial health authority or a health care organization within the meaning of The Provincial Health Authorities Act, the Saskatchewan Cancer Foundation, or a person or organization that provides health services pursuant to an agreement with the Minister of Health, or
2. any other persons or organization, on an informational basis.

PART 4 – CODE OF ETHICS, CODE OF CONDUCT, UNPROFESSIONAL CONDUCT, DISCIPLINE, AND COMPETENCY ASSESSMENTS

7.1 THE CODE OF ETHICS

- (a) Subscription to and observance of the Code of Ethics is a condition of registration under the Act.
- (b) No person who is registered under the Act shall contravene or fail to comply with the Code of Ethics.
- (c) Contravention of or failure to comply with the Code of Ethics is unbecoming, improper, unprofessional or discreditable conduct for the purpose of the Act.
- (d) Every person who applies for registration under the Act shall subscribe to The Code of Ethics, as adopted by the College of Physicians and Surgeons from time to time, as a condition of registration.
- (e) Every person who is registered under the Act shall observe The Code of Ethics, as adopted by the College of Physicians and Surgeons from time to time, as a condition of maintaining his or her registration.
- (f) The Code of Ethics as adopted by the College of Physicians and Surgeons is the 2018 Canadian Medical Association Code of Ethics and Professionalism, with changes (as italicized) to paragraphs 18 and 33 of the CMA Code of Ethics and Professionalism.
- (g) The Code of Ethics adopted by the College of Physicians and Surgeons is as follows:

The CMA Code of Ethics and Professionalism articulates the ethical and professional commitments and responsibilities of the medical profession. The Code provides standards of ethical practice to guide physicians in fulfilling their obligation to provide the highest standard of care and to foster patient and public trust in physicians and the profession. The Code is founded on and affirms the core values and commitments of the profession and outlines responsibilities related to contemporary medical practice.

In this Code, ethical practice is understood as a process of active inquiry, reflection, and decision-making concerning what a physician's actions should be and the reasons for these actions. The Code informs ethical decision-making, especially in situations where existing guidelines are insufficient or where values and principles are in tension. The Code is not exhaustive; it is intended to provide standards of ethical practice that can be interpreted and applied in particular situations. The Code and other CMA policies constitute guidelines that provide a common ethical framework for physicians in Canada.

In this Code, medical ethics concerns the virtues, values, and principles that should guide the medical profession, while professionalism is the embodiment or enactment of responsibilities arising from those

norms through standards, competencies, and behaviours. Together, the virtues and commitments outlined in the Code are fundamental to the ethical practice of medicine.

Physicians should aspire to uphold the virtues and commitments in the Code, and they are expected to enact the professional responsibilities outlined in it.

Physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions.

A. VIRTUES EXEMPLIFIED BY THE ETHICAL PHYSICIAN

Trust is the cornerstone of the patient–physician relationship and of medical professionalism. Trust is therefore central to providing the highest standard of care and to the ethical practice of medicine. Physicians enhance trustworthiness in the profession by striving to uphold the following interdependent virtues:

COMPASSION. A compassionate physician recognizes suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient’s suffering, and accompanies the suffering and vulnerable patient.

HONESTY. An honest physician is forthright, respects the truth, and does their best to seek, preserve, and communicate that truth sensitively and respectfully.

HUMILITY. A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognizes the patient’s knowledge of their own circumstances.

INTEGRITY. A physician who acts with integrity demonstrates consistency in their intentions and actions and acts in a truthful manner in accordance with professional expectations, even in the face of adversity.

PRUDENCE. A prudent physician uses clinical and moral reasoning and judgement, considers all relevant knowledge and circumstances, and makes decisions carefully, in good conscience, and with due regard for principles of exemplary medical care.

B. FUNDAMENTAL COMMITMENTS OF THE MEDICAL PROFESSION

Commitment to the well-being of the patient

Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.

Provide appropriate care and management across the care continuum.

Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred.

Recognize the balance of potential benefits and harms associated with any medical act; act to bring about a positive balance of benefits over harms.

Commitment to respect for persons

Always treat the patient with dignity and respect the equal and intrinsic worth of all persons. Always respect the autonomy of the patient.

Never exploit the patient for personal advantage.

Never participate in or support practices that violate basic human rights.

Commitment to justice

Promote the well-being of communities and populations by striving to improve health outcomes and access to care, reduce health inequities and disparities in care, and promote social accountability.

Commitment to professional integrity and competence

Practise medicine competently, safely, and with integrity; avoid any influence that could undermine your professional integrity.

Develop and advance your professional knowledge, skills, and competencies through lifelong learning.

Commitment to professional excellence

Contribute to the development and innovation in medicine through clinical practice, research, teaching, mentorship, leadership, quality improvement, administration, or advocacy on behalf of the profession or the public.

Participate in establishing and maintaining professional standards and engage in processes that support the institutions involved in the regulation of the profession.

Cultivate collaborative and respectful relationships with physicians and learners in all areas of medicine and with other colleagues and partners in health care.

Commitment to self-care and peer support

Value personal health and wellness and strive to model self-care; take steps to optimize meaningful co-existence of professional and personal life.

Value and promote a training and practice culture that supports and responds effectively to colleagues in need and empowers them to seek help to improve their physical, mental, and social well-being.

Recognize and act on the understanding that physician health and wellness needs to be addressed at individual and systemic levels, in a model of shared responsibility.

Commitment to inquiry and reflection

Value and foster individual and collective inquiry and reflection to further medical science and to facilitate ethical decision-making.

Foster curiosity and exploration to further your personal and professional development and insight; be open to new knowledge, technologies, ways of practising, and learning from others.

C. PROFESSIONAL RESPONSIBILITIES

PHYSICIANS AND PATIENTS

Patient–physician relationship

The patient–physician relationship is at the heart of the practice of medicine. It is a relationship of trust that recognizes the inherent vulnerability of the patient even as the patient is an active participant in their own care. The physician owes a duty of loyalty to protect and further the patient’s best interests and goals of care by using the physician’s expertise, knowledge, and prudent clinical judgment.

In the context of the patient–physician relationship:

1. Accept the patient without discrimination (such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status). This does not abrogate the right of the physician to refuse to accept a patient for legitimate reasons.
2. Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.

3. Act according to your conscience and respect differences of conscience among your colleagues; however, meet your duty of non-abandonment to the patient by always acknowledging and responding to the patient's medical concerns and requests whatever your moral commitments may be.
4. Inform the patient when your moral commitments may influence your recommendation concerning provision of, or practice of any medical procedure or intervention as it pertains to the patient's needs or requests.
5. Communicate information accurately and honestly with the patient in a manner that the patient understands and can apply, and confirm the patient's understanding.
6. Recommend evidence-informed treatment options; recognize that inappropriate use or overuse of treatments or resources can lead to ineffective, and at times harmful, patient care and seek to avoid or mitigate this.
7. Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.
8. Provide whatever appropriate assistance you can to any person who needs emergency medical care.
9. Ensure that any research to which you contribute is evaluated both scientifically and ethically and is approved by a research ethics board that adheres to current standards of practice. When involved in research, obtain the informed consent of the research participant and advise prospective participants that they have the right to decline to participate or withdraw from the study at any time, without negatively affecting their ongoing care.
10. Never participate in or condone the practice of torture or any form of cruel, inhuman, or degrading procedure.

Decision-making

Medical decision-making is ideally a deliberative process that engages the patient in shared decision-making and is informed by the patient's experience and values and the physician's clinical judgment. This deliberation involves discussion with the patient and, with consent, others central to the patient's care (families, caregivers, other health professionals) to support patient centred-care.

In the process of shared decision-making:

11. Empower the patient to make informed decisions regarding their health by communicating with and helping the patient (or, where appropriate, their substitute decision-maker) navigate reasonable therapeutic options to determine the best course of action consistent with their goals of care; communicate with and help the patient assess material risks and benefits before consenting to any treatment or intervention.
12. Respect the decisions of the competent patient to accept or reject any recommended assessment, treatment, or plan of care.
13. Recognize the need to balance the developing competency of minors and the role of families and caregivers in medical decision-making for minors, while respecting a mature minor's right to consent to treatment and manage their personal health information.
14. Accommodate a patient with cognitive impairments to participate, as much as possible, in decisions that affect them; in such cases, acknowledge and support the positive roles of families and caregivers in medical decision-making and collaborate with them, where authorized by the patient's substitute decision-maker, in discerning and making decisions about the patient's goals of care and best interests.
15. Respect the values and intentions of a patient deemed incompetent as they were expressed previously through advance care planning discussions when competent, or via a substitute decision-maker.

16. When the specific intentions of an incompetent patient are unknown and in the absence of a formal mechanism for making treatment decisions, act consistently with the patient's discernable values and goals of care or, if these are unknown, act in the patient's best interests.
17. Respect the patient's reasonable request for a second opinion from a recognized medical expert.

PHYSICIANS AND THE PRACTICE OF MEDICINE

Patient privacy and the duty of confidentiality

18. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential; collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient *in a manner consistent with **The Health Information Protection Act***. Exceptions include situations where the informed consent of the patient has been obtained for disclosure or as provided for by law.
19. Provide the patient or a third party with a copy of their medical record upon the patient's request, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.
20. Recognize and manage privacy requirements within training and practice environments and quality improvement initiatives, in the context of secondary uses of data for health system management, and when using new technologies in clinical settings.
21. Avoid health care discussions, including in personal, public, or virtual conversations, that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their families, or caregivers.

Managing and minimizing conflicts of interest

22. Recognize that conflicts of interest may arise as a result of competing roles (such as financial, clinical, research, organizational, administrative, or leadership).
23. Enter into associations, contracts, and agreements that maintain your professional integrity, consistent with evidence-informed decision-making, and safeguard the interests of the patient or public.
24. Avoid, minimize, or manage and always disclose conflicts of interest that arise, or are perceived to arise, as a result of any professional relationships or transactions in practice, education, and research; avoid using your role as a physician to promote services (except your own) or products to the patient or public for commercial gain outside of your treatment role.
25. Take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to a third party when acting on behalf of a third party.
26. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees.
27. When conducting research, inform potential research participants about anything that may give rise to a conflict of interest, especially the source of funding and any compensation or benefits.

PHYSICIANS AND SELF

28. Be aware of and promote health and wellness services, and other resources, available to you and colleagues in need.
29. Seek help from colleagues and appropriate medical care from qualified professionals for personal and professional problems that might adversely affect your health and your services to patients.
30. Cultivate training and practice environments that provide physical and psychological safety and encourage help-seeking behaviours.

PHYSICIANS AND COLLEAGUES

31. Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health care partners, and members of the health care team.
32. Engage in respectful communications in all media.
33. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues *or concerns, based upon reasonable grounds, that a colleague is practising medicine at a level below an acceptable medical standard, or that a colleague's ability to practise medicine competently is affected by a chemical dependency or medical disability.*
34. Assume responsibility for your personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture.
35. Promote and enable formal and informal mentorship and leadership opportunities across all levels of training, practice, and health system delivery.
36. Support interdisciplinary team-based practices; foster team collaboration and a shared accountability for patient care.

PHYSICIANS AND SOCIETY

37. Commit to ensuring the quality of medical services offered to patients and society through the establishment and maintenance of professional standards.
38. Recognize that social determinants of health, the environment, and other fundamental considerations that extend beyond medical practice and health systems are important factors that affect the health of the patient and of populations.
39. Support the profession's responsibility to act in matters relating to public and population health, health education, environmental determinants of health, legislation affecting public and population health, and judicial testimony.
40. Support the profession's responsibility to promote equitable access to health care resources and to promote resource stewardship.
41. Provide opinions consistent with the current and widely accepted views of the profession when interpreting scientific knowledge to the public; clearly indicate when you present an opinion that is contrary to the accepted views of the profession.
42. Contribute, where appropriate, to the development of a more cohesive and integrated health system through inter-professional collaboration and, when possible, collaborative models of care.
43. Commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the report of the Truth and Reconciliation Commission of Canada.
44. Contribute, individually and in collaboration with others, to improving health care services and delivery to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserved communities.

7.2 CODE OF CONDUCT

- (a) No person who is registered under the Act shall contravene or fail to comply with the Code of Conduct.
- (b) Conduct which fails to comply with the expectations contained in the Code of Conduct is defined to be unbecoming, improper, unprofessional or discreditable conduct for the purpose of Section 46(p) of the Act. The enumeration of this conduct does not limit the ability of Discipline Hearing Committees to determine that conduct of a physician is unbecoming, improper, unprofessional or discreditable pursuant to Section 46(o):

Code of Conduct – College of Physicians and Surgeons of Saskatchewan

Introduction

Integrity, trustworthiness, compassion and ethical conduct are the foundation of the practice of medicine. Patients, co-workers, learners and others in the healthcare workplace expect professional behavior from physicians; this behavior has an enormous impact on how health care is delivered and received.

The vast majority of physicians act professionally, and research shows this contributes to a healthier workplace and good patient outcomes. Alternatively, inappropriate physician behavior can lead to a number of issues in the healthcare environment, including:

- negative effects on patient safety and quality of care;
- erosion of relationships with staff, patients, learners and families;
- difficulty recruiting and retaining staff;
- reduced work attendance by co-workers and colleagues; and
- adverse impacts on a physician's health and/or reputation; and,
- adverse impacts on the image of the profession and the healthcare system.

In order to address these issues, expectations of physicians must be clear.

The *Code of Conduct* is intended to:

- support a culture that aids and encourages effective care of patients and values professionalism, integrity, honesty, fairness and collegiality;
- promote an optimally caring environment of quality and safety for the health and well-being of patients and families, physicians, nurses, other healthcare providers, learners, teachers and others in the healthcare workplace;
- help physicians meet the principles outlined in the Canadian Medical Association (CMA) *Code of Ethics* and the policies, standards and guidelines adopted by CPSS;
- help physicians model and teach professional behavior;
- encourage open and respectful discussion related to the delivery of health care; and
- support physicians and others in addressing physician behavior that does not meet professional expectations.

General Principles

The *Code of Conduct* is based on the following ethical and professional principles:

- Strive for high-quality patient care.
- Focus on safety.
- Treat others with respect.
- Maintain confidentiality.
- Do the right things for the right reasons.

- Be aware of your professional and ethical responsibilities.
- Be collaborative.
- Take action when inappropriate behavior occurs.
- Communicate clearly.

Scope of the Code of Conduct

The *Code of Conduct* applies in any environment where a physician interacts with patients, colleagues, co-workers, learners and others in the healthcare workplace, including physical workplace, telephone, videoconference and online. The *Code* also applies in any situation where a member can be identified by the public as a physician, such as public appearances, printed media and online networks where information may be shared.

The *Code of Conduct* clarifies the CPSS' expectations of Saskatchewan's physicians in all stages of their careers, in all facets of medicine, and in all methods of care delivery.

For the purpose of this document, the word "physician" means any individual licensed by the CPSS, including individuals licensed on the educational register.

The *Code of Conduct* is consistent with the CMA's *Code of Ethics* and complements the policies, standards, guidelines and bylaws adopted by CPSS. Physicians are expected to know and abide by these rules; any breach of professional behavior will be judged against these foundational documents.

While the *Code of Conduct* outlines expectations regarding professional behavior, when inappropriate behavior occurs the CPSS will consider:

- the physician's fitness to practise, which must be addressed; and
- systemic issues within the healthcare system.

NOTE: Although these stressors must be identified and considered, they **cannot** be used as an excuse for inappropriate behavior.

Specific Expectations

Accountability

The CPSS expects that physicians will:

- Act, speak, and otherwise behave in the healthcare workplace in a way that promotes safety, high quality patient care and effective collaboration with others on the healthcare team.
- Maintain high standards of personal and professional honesty and integrity.
- Take responsibility for their own behavior and ethical conduct regardless of the circumstances.
- Be accountable for their personal decisions, actions or non-actions in the workplace.
- Record and report accurately and in a timely fashion clinical information (history, physical findings and test results), research results, assessments and evaluations.
- Communicate with integrity and compassion.
- Cooperate with the CPSS when the CPSS is involved in a regulatory activity that involves the physician or the physician's practice.
- Accurately attribute ideas developed with others and credit work done by others.

- (i) Deal with conflicts of interest, real or perceived, openly and honestly.
- (j) Engage in lifelong learning.

Confidentiality

The CPSS expects that physicians will:

- (a) Regard the confidentiality and privacy of patients, research participants and educational participants, as well as their associated health records, as a primary obligation.
- (b) Ensure confidentiality by limiting discussion of patient health issues to settings appropriate for clinical or educational purposes and to caregivers with a need to know that information. Discussion with others will occur only with explicit patient consent or as permitted by legal and ethical principles.
- (c) Know and comply with applicable legislation regarding confidentiality and health information.

Respect for Others

The CPSS expects that physicians will:

- (a) Interact with patients and families, visitors, employees, physicians, volunteers, healthcare providers and others with courtesy, honesty, respect, and dignity.
- (b) Refrain from conduct that may reasonably be considered offensive to others or disruptive to the workplace or patient care. Such conduct may be written, oral or behavioral, including inappropriate words and/or inappropriate actions or inactions.
- (c) Respect patient autonomy at all times by appropriately discussing investigation and treatment options with the competent patient and, only with the patient's consent, identified other persons.
- (d) Respect their patient's right to have a prescription filled at the place and by the person of the patient's choice.
- (e) When the death of a patient appears to him to be inevitable, act so that the death occurs with dignity. Physicians will also take reasonable steps to ensure that the patient obtains the appropriate support and relief.
- (f) Respect the patient's freedom of choice by indicating to the patient, on request, the places where the patient may receive the diagnostic or therapeutic services when the physician issues the patient a prescription or a referral form.
- (g) Ensure appropriate consultation occurs when a patient lacks the capacity to make treatment decisions, except in emergency circumstances.
- (h) Respect the personal boundaries of patients and their rights to privacy and confidentiality; refrain from physical contact outside the proper role of a physician, sexual overtures and behaviors or remarks of a sexual nature.
- (i) Respect the personal boundaries of co-workers and their rights to privacy and confidentiality; refrain from unwanted physical contact, sexual overtures and behavior or remarks of a sexual nature.
- (j) Avoid discrimination based on, but not limited to, age, gender, medical condition, race, color, ancestry, national or ethnic origin, appearance, political belief, religion, marital or family status, physical or mental disability, sexual orientation or socioeconomic status. (NOTE: In human rights legislation, this is known as "protected grounds".)

- (k) Allow colleagues to disagree respectfully without fear of punishment, reprisal or retribution.
- (l) Not harass, intimidate or threaten a person with whom the physician is connected in their practice of medicine.
- (m) Recognize the important contributions of colleagues, whether generalists or specialists.
- (n) Try to assist a colleague who presents a health problem likely to affect the quality of the colleague's practice.

Responsible Behavior

The CPSS expects that physicians will:

- (a) Ensure patient care and safety assume the highest priority in the clinical setting. The duty of physicians to advocate for patients does not excuse or justify unacceptable behavior; it must be done constructively.
- (b) Provide the medical follow-up required by a patient's condition after undertaking an examination, investigation or treatment of a patient unless the physician has ensured that another physician, another professional or another authorized person has agreed to do so.
- (c) After referring a patient to another physician, continue to assume responsibility for that patient until that other physician takes responsibility for the patient care
- (d) When referring a patient to another professional, provide that professional with any information the physician possesses which is pertinent to the examination, investigation and treatment of that patient.
- (e) When a physician has received a referral from another professional, provide that professional with appropriate information to allow that professional to understand the conclusions and recommendations related to the care of that patient, including the physician's expectations for follow-up care for that patient.
- (f) When adjusting a medication or a medication therapy ensure that the prescription includes measures for the medical management or follow-up, if required
- (g) Disregard any intervention by a third party which could influence the performance of the physician's professional duties to the detriment of their patient, a group of individuals or a population.
- (h) Not accept any arrangement that limits their responsibility to practise medicine ethically, competently and in accordance with CPSS standards, policies, guidelines and bylaws. This expectation applies whether the physician practises alone or with other physicians.
- (i) Only provide care or issue a prescription when these are medically indicated.
- (j) Provide patients with the necessary information to understand the cost for any uninsured services provided, before the services are provided. In particular, physicians will clearly identify the fees to be charged and the price to the patient of medical supplies, apparatus, medications and products.
- (k) Attend to their health and well-being to enable attendance to professional responsibilities.
- (l) Recognize limitations and seek consultation or help when personal knowledge, skills or physical/mental status is inadequate or compromised.
- (m) Maintain professional boundaries. That includes refraining from providing care to individuals where

a dual relationship* exists and objectivity may be challenged; in circumstances where refraining is not reasonably possible, ensure care provided is transparent, objective and defensible.

- (n) If they have responsibility to supervise or assist others, will do so appropriate to their needs and level of expertise.
- (o) Ensure that persons who are an associate, employee or assistant of the physician and who engage in the practice of medicine are authorized by law to do so. Physicians will not authorize persons who are not physicians to perform acts that are only to be provided by practising physicians. Physicians will not collaborate with anyone who illegally practises medicine.**
- (p) Be willing to participate in quality improvement initiatives and strategies to deal with errors, adverse events, close calls and disclosure.
- (q) Express opinions on healthcare matters in a manner respectful of others' views and the individuals expressing those views.
- (r) When conducting professional activities, abstain from exploitation of others for emotional, financial, research, educational or sexual purposes.
- (s) Teach and model the concepts of professional behavior in research, clinical practice and educational encounters.
- (t) Encourage and model language, appearance and demeanor appropriate to the professional healthcare setting.
- (u) Endeavor to model professional behavior in all public settings, including online settings, particularly when there is limited ability to separate personal and professional identities.
- (v) Avoid misuse of alcohol or drugs that could impair the ability to provide safe care to patients.
- (w) Attend to other factors that could impair the ability to provide safe care to patients.
- (x) Address breaches of professional conduct, scientific conduct or unskilled practice by another healthcare professional by discussion directly with that person or, if necessary, by reporting to the appropriate authorities using established procedures. Refrain from trivial or vexatious reports that unjustly discredit the healthcare system or the reputation of other members of the healthcare, research or academic team.
- (y) Know and adhere to the policies, standards, guidelines and bylaws adopted by CPSS.
- (z) Participate in professional development and be willing to participate in assessment processes.
- (aa) Respect the authority of the law and understand professional and ethical obligations.
- (bb) Take reasonable care to ensure that claims for payment for professional services are appropriate, are consistent with the services provided, and are consistent with any applicable payment schedule for insured services.

* Dual relationship refers to when multiple roles (personal, professional, business or social) exist between a physician and a patient.

** There may be very rare circumstances in which individuals may be providing healthcare and for whom there is no regulatory body which can grant a licence to practise. This is not intended to prohibit collaboration in such circumstances.

Acknowledgement

This document was based in large part on the Code of Conduct of the College of Physicians and Surgeons of Alberta and on the Code of Ethics of Physicians of the Collège des médecins du Québec. The CPSS gratefully acknowledges their work and assistance.

8.1 BYLAWS DEFINING UNBECOMING, IMPROPER, UNPROFESSIONAL OR DISCREDITABLE CONDUCT

(a) In this section:

(i) 'standard of practice of the profession' means the usually and generally accepted standards of practice expected in the branches of medicine in which the physician is practising.

A physician does not fail to maintain the standard of practice of the profession if there exists a responsible and competent body of professional opinion that supports the physician's conduct or judgment

(ii) "Physician" includes all persons who are entered on a register, including the educational register.

(iii) "Patient", when used in reference to the definition of sexual misconduct means an individual who has formed a physician-patient relationship. This type of relationship is formed when the physician has engaged in one or more of the following activities:

1. Gathered clinical information to assess a person;
2. Provided a diagnosis;
3. Provided medical advice or treatment;
4. Provided counselling to the patient;
5. Created a patient file for the patient;
6. Billed for medical services provided to the patient;
7. Prescribed a drug to the patient for which a prescription is needed.

In situations in which there is a reasonable expectation that care will extend beyond a single encounter, an individual remains a patient for a reasonable period after the date the individual ceased to be under the physician's care. In determining what is a "reasonable period" the following factors are relevant:

1. Whether there has been a specific transfer of care to another physician;
2. Whether the physician and the patient have mutually agreed to end the doctor-patient relationship;
3. The extent to which the patient was in a position of vulnerability in the physician-patient relationship;
4. The extent to which the patient's decision-making is affected by the physician-patient relationship
5. A physician can never enter into a sexual relationship with a patient to whom the physician has provided psychotherapy or psychiatric counselling.

"Patient" does not include a person who was in a pre-existing sexual relationship with the physician when the physician provided the health service.

- (iv) "Sexual misconduct" means the threatened, attempted or actual conduct of a physician towards or with a patient that is of a sexual nature and includes any of the following conduct:
1. sexual intercourse between a physician and a patient of that physician;
 2. genital to genital, genital to anal, oral to genital, or oral to anal contact between a physician and a patient of that physician;
 3. masturbation of a physician by, or in the presence of, a patient of that physician;
 4. masturbation of a physician's patient by that physician;
 5. encouraging a physician's patient to masturbate in the presence of that physician;
 6. touching of a sexual nature of any part of a patient's body, including a patient's genitals, anus, breasts or buttocks by a physician. For the purpose of this paragraph "touching of a sexual nature" does not include performing an appropriate physical examination that is appropriate to the service provided;
 7. Kissing of a sexual nature with a patient;
 8. Sexual acts by the physician in the presence of the patient.
 9. Any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a physician towards a patient that the physician knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being. For the purpose of this paragraph "sexual nature" does not include any conduct, behaviour or remarks that are appropriate to the service provided;
 10. Acts or behaviours which are seductive or sexually-demeaning to a patient or which reflect a lack of respect for the patient's privacy, such as examining a patient in the presence of third parties without the patient's consent or sexual comments about a patient's body or underclothing;
 11. Making sexualized or sexually-demeaning comments to a patient;
 12. Requesting details of sexual history or sexual likes or dislikes when not clinically indicated;
 13. Making a request to date a patient or dating a patient;
 14. Initiating or participating in a conversation regarding the sexual problems, preferences or fantasies of the physician;
- (v) "Prescribing to a patient without establishing an appropriate physician-patient relationship" includes any situation in which a physician issues a prescription, via electronic or other means, unless the physician has obtained a history and has performed an appropriate physical evaluation of the patient adequate to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided.
- "Prescribing to a patient without establishing an appropriate physician-patient relationship" does not include a situation where the prescription is issued:
1. In an emergency situation to protect the health or well-being of the patient;

2. In consultation with another Saskatchewan physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications;
 3. In an on-call or cross-coverage situation in which the physician has access to the record of the patient for whom the prescription is issued;
 4. In an on-call or cross-coverage situation, or in a situation of dealing with a physician's own patient where a doctor-patient relationship has been established, in which the physician is able, on the basis of a telephone discussion with the patient or a representative of the patient, to reach an appropriate diagnosis that is consistent with good medical practice.
 5. For a travel medication prescribed for a client seen in a travel clinic established by the provincial health authority, based upon a recommendation by the nurse employed by that travel clinic who has assessed the client.
 6. Prescribing for the sexual partner of a patient with chlamydia who, in the physician's determination, would not otherwise receive treatment and where there is a risk of further transmission of the disease;
 7. Prescribing prophylaxis (e.g., oseltamivir) as part of public health programs operated under the authority of a Medical Health Officer;
 8. Prescribing post-exposure prophylaxis for a health-care professional following potential exposure to a blood borne pathogen.
- (vi) "Offering an inducement for medical treatment" includes any situation in which:
1. a physician, or any person or organization with the knowledge of a physician, offers or provides any inducement to a patient, a prospective patient, or any other person, for the referral of a person to the physician for the provision of any service or product, whether that service or product is, or is not, medically necessary;
 2. a physician, or any person or organization with the knowledge of a physician, offers any inducement, or causes any inducement to be received directly or indirectly by a patient of the physician, or any other person for the benefit of the patient of the physician, in return for the provision of any service or product to that patient, whether that product or service is, or is not, medically necessary;
- but does not include a reduction of a fee or charge that is made by a physician to a patient where that reduction is not related to products or services that may be provided to persons other than the patient.
- (vii) In this bylaw "health care organization" has the meaning in *The Provincial Health Authority Act*.
- "Retaliating or discriminating against a person for taking part in regulatory proceedings" includes any action taken by a physician against a person which has the effect of intimidating, retaliating against, coercing or imposing any loss or disadvantage against that person, or which may dissuade a reasonable person from taking part in proceedings under *The Medical Profession Act, 1981*, or from taking part in a physician regulatory activity of the provincial health authority or health care organization, which action was significantly influenced by the fact that the person has, or may:
1. Make a complaint to the College, the provincial health authority or health care organization;

2. Provide information to the College, the provincial health authority or health care organization related to its regulatory activities;
 3. Provide opinions or recommendations related to the regulatory activities of the College, the provincial health authority or a health care organization;
 4. Participate in any other way in matters related to the regulatory activities of the College, the provincial health authority or a health care organization.
- (viii) "Failing to respect patient privacy" includes any of the following:
1. not offering appropriate draping or covering to a patient if a patient's breasts, anus, genitals, or buttocks will be exposed;
 2. failing to accord a patient privacy while the patient is dressing or undressing and the patient's breasts, anus, genitals, or buttocks will be exposed.
- (b) The following acts or failures are defined to be unbecoming, improper, unprofessional or discreditable conduct for the purpose of Section 46(p) of the Act. The enumeration of this conduct does not limit the ability of Discipline Hearing Committees to determine that conduct of a physician is unbecoming, improper, unprofessional or discreditable pursuant to Section 46(o):
- (i) Failure by a physician to abide by the terms, conditions or limitations of a licence or permit issued to the physician.
 - (ii) Permitting, counseling or assisting any person who is not the holder of a licence or permit issued under the Act to engage in the practice of medicine, except as provided for in the Act or the bylaws.
 - (iii) Charging a fee that is excessive in relation to the services performed.
 - (iv) Failing, without just cause, to carry out the terms of an agreement with a patient.
 - (v) Refusing to render a medically necessary service unless payment of the whole or part of the fee is paid in advance of the service being rendered.
 - (vi) Falsifying a record in respect of the examination or treatment of a patient.
 - (vii) Engaging in the practice of medicine while impaired by alcohol or a drug.
 - (viii) Contravening any federal, provincial, or municipal law, regulation or rule or any bylaw of a hospital designed to protect public health while engaged in the practice of medicine.
 - (ix) Failing to maintain the standard of practice of the profession.
 - (x) Giving information concerning a patient's condition or any professional services performed for a patient to any person other than the patient without the patient's consent unless required or authorized by law to do so.
 - (xi) Failing to continue to provide professional services to a patient until the services are no longer required or until the patient has had a reasonable opportunity to arrange for the services of another physician.
 - (xii) Failing to provide within a reasonable time any report or certificate requested by a patient or a patient's authorized agent in respect of an examination or treatment provided by a physician.
 - (xiii) Sharing fees with any person who has referred a patient or receiving fees from any person to whom a physician has referred a patient, or accepting or requesting a rebate or commission for the referral of a patient.

- (xiv) Making a deliberate misrepresentation regarding a remedy, treatment or device.
- (xvi) Committing an act of sexual misconduct.
- (xvii) Committing an act of sexual harassment in the physician's professional capacity.
- (xviii) Being found guilty of an action or failure by a body responsible for licensing or regulating physicians outside Saskatchewan, where the Discipline Committee considers that the action or failure of which the member has been found guilty is unbecoming, improper, unprofessional or discreditable.
- (xix) Prescribing to a patient without establishing an appropriate physician-patient relationship.
- (xx) Offering an inducement for medical treatment.
- (xxi) Offering or undertaking by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical or mental condition while the physician is subject to an order of suspension under **The Medical Profession Act, 1981**.
- (xxii) Retaliating or discriminating against a person for taking part in regulatory proceedings;
- (xxiii) Failing to respect patient privacy.
- (xxiv) Failure by a physician to attend in person before Council, upon reasonable notice and without reasonable excuse, for the administration of a reprimand, if directed by the Council President to do so.

9.1 CONFLICT OF INTEREST

- (a) The physician-patient relationship is a fiduciary relationship. Patients rely on their physicians and must be confident that their needs are considered first. Physicians must make professional decisions based upon the best interests of their patients and ensure that their own personal interests do not conflict or appear to conflict with the interests of patients. Physicians must resolve any real, potential or perceived conflict of interest in the best interest of their patients.
- (b) Physicians must make full, frank and timely disclosure of any real, potential or perceived conflict of interest to the patient. The obligation of disclosure applies regardless of whether the physician has obtained consent from the patient to remain in the conflict of interest.
- (c) In this section '**benefit**' means any benefit, gift, advantage or emolument of any kind whatsoever, whether direct or indirect, and includes:
 - (i) the receipt of any benefit from the services of any person or reimbursement of the cost thereof;
 - (ii) the benefit or receipt of the payment or reduction of any amount of any debt or financial obligation;
 - (iii) the receipt of any consultation fee or other fee for services rendered, except pursuant to a written contract for each such service where:
 1. a copy of the contract is available and produced to the College on demand;
 2. each contracted service is within the normal scope of the physician's specialty; and
 3. each service is supported by records adequate to satisfy the College that it was in fact performed.
 - (iv) the acceptance of any loan except pursuant to a written evidence of indebtedness,
 1. executed at the time of transfer of funds;

2. witnessed at the time of actual execution by an individual whose name is legibly recorded on the document;1427
 3. available and produced to the College on demand; and,
 4. that provides for a fixed term of loan and fixes a set interest rate, both of which are reasonable having a view to prevailing market rates at the time of the loan.
- (v) the acceptance of a loan that is interest free or related in any way to any referral made by the physician;
- (vi) the acceptance of credit unless the credit is unrelated in any way to any referral of patients to the creditor and the credit is extended pursuant to an agreement in writing,
1. executed at the time of the transaction;
 2. witnessed at the time of actual execution by an individual whose name is legibly recorded on the agreement;
 3. available and produced to the College on demand; and
 4. which provides for a fixed term of credit and fixes a set interest rate, both of which are reasonable having a view to prevailing market rates at the time of the transaction.
- (d) In this section '**medical goods or services**' includes medical goods, appliances, materials, services and equipment, and drugs and laboratory services.
- (e) In this section '**member of the physician's family**' means any person connected with the physician by blood relationship, marriage or adoption, and:
- (i) persons are connected by blood relationship if one is the child or other descendent of the other or one is the brother or sister of the other;
 - (ii) persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other; and
 - (iii) persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other or as the child or a person who is connected by blood relationship (otherwise than as a brother or sister) to the other.
- (f) In this section '**supplier**' means a person who:
- (i) sells or otherwise supplies medical goods or services; or
 - (ii) is registered or licensed under any Act regulating a health profession.
- (g) In this section '**inducement**' means anything that persuades or influences someone to do something. It does not include usual and normal social interactions between physicians or between physicians and other healthcare practitioners.
- (h) In this section '**conflict of interest**' includes a situation whereby a physician, or a member of the physician's family, or a corporation, wholly, substantially or actually owned or controlled by the physician or a member of the physician's family:
- (i) receives any benefit, directly or indirectly from:
 1. a supplier to whom the physician refers his patients or their specimens; or

2. a supplier who sells or otherwise supplies any medical goods or services to the patients of the physician;
- (ii) rents premises to:
1. a supplier to whom the physician refers his patients or their specimens; or
 2. a supplier who sells or otherwise supplies any medical goods or services to the patients of the physician; 1428

except where:

3. the rent is normal for the area in which the premises are located; and
 4. the amount of the rent is not related to the volume of business carried out in the premises by the tenant;
- (iii) rents premises from:

1. a supplier to whom the physician refers his patients or their specimens; or
2. a supplier who sells or otherwise supplies any medical goods or services to the patients of the physician;

except where:

3. the rent is normal for the area in which the premises are located; and
 4. the amount of the rent is not related to the referral of patients to the landlord;
- (iv) sells or otherwise supplies any drug, medical appliance, medical product or biological preparation to a patient at a profit, except in accordance with the policy Sale of Products by Physicians.

“Practice arrangements

- (i) A physician, or a corporation controlled by the physician, may enter into a practice arrangement with another healthcare practitioner in which the physician or the corporation may receive a benefit if a patient receives a medical good or service from the healthcare practitioner, provided the physician has:
- (i) ensured that the patient is aware of alternatives to receiving services from that healthcare practitioner; and
 - (ii) disclosed the existence of that possible benefit to the patient.

“Referral arrangements

- (j) A physician must not accept or offer commissions, rebates, fees, gifts or other inducements to or from another healthcare practitioner related to patient referrals.
- (k) A physician must not enter into an arrangement which requires, or offers an inducement for, the physician to refer the patient to a specific provider of goods or services.
- (l) It is a conflict of interest for a physician to order diagnostic tests to be performed by a diagnostic facility in which the physician or a member of the physician’s family has any proprietary interest unless the physician has:
- (i) ensured that the patient is aware of alternatives to the diagnostic facility; and
 - (ii) disclosed the existence of that propriety interest to the patient.

- (m) It is a conflict of interest for a physician to refer a patient to a treatment facility in which the physician or a member of the physician's family has any proprietary interest unless the physician has:
- (i) ensured that the patient is aware of alternatives to the treatment facility; and
 - (ii) disclosed the existence of that propriety interest to the patient.

“Unprofessional Conduct

- (n) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to have a conflict of interest in relation to the physician's professional practice.

10.1 THE DISCIPLINE COMMITTEE

(a) Definition:

- (i) In this section, “committee member” means a member of the Discipline Committee.

(b) Composition:

- (i) The Council may, from time to time, appoint persons to the Discipline Committee pursuant to section 43 of the Act.
- (ii) The Council shall, from time to time, appoint one committee member as the chairperson and one or more committee members as acting chairpersons. An acting chairperson may perform any of the functions of the chairperson and may perform such functions whether or not the chairperson is absent and whether or not the chairperson is, or is not, able to act.
- (iii) A committee member shall remain a member of the Discipline Committee until he or she resigns or is removed by the Council.
- (iv) Notwithstanding paragraph 10.1(b)(iii) of this bylaw, where a committee member who has participated in a hearing resigns or is removed by the Council, the committee member shall continue to be a member of the Discipline Committee for the purpose of disposing of the matter under consideration at the hearing until:
 - 1. the hearing has been concluded and the Committee's report to the Council has been made;
 - 2. the Council has considered the report and, in the case of a person who is found to be guilty of unbecoming, improper, unprofessional or discreditable conduct, has made a decision pursuant to Section 54 of the Act; and
 - 3. all appeals under the Act have been decided and, where the matter has been remitted back to the Discipline Committee, the matter is concluded and all things that are required to be done by the Discipline Committee or the Council or in relation to all appeals have been completed.

(c) Objectives and Methods:

- (i) The Committee shall be available for its members to be selected to Discipline Hearing Committees pursuant to the Act and these bylaws.

11.1 THE DISCIPLINE HEARING COMMITTEE

(a) Composition:

- (i) Discipline Hearing Committees shall be selected from the Discipline Committee in accordance with the Act and bylaws.
- (b) Objectives:
 - (i) To conduct hearings into charges laid against a physician pursuant to section 47.5 or 47.6 of the Act, and to carry out the other responsibilities of a Discipline Hearing Committee under the Act and bylaws.
- (c) Methods:
 - (i) To conduct hearings pursuant to the provisions of the Act and the bylaws.
- (d) Reporting:
 - (i) The Committee shall provide reports to the Council in accordance with section 52 of the Act.

11.2 HEARING ADMINISTRATOR

- (a) The Council or the Executive Committee may appoint one or more persons as a hearing administrator.
- (b) At any time after a person has been charged with unbecoming, improper, unprofessional or discreditable conduct, the Registrar may request a hearing administrator to establish a prehearing conference.
- (c) At any time after a person has been charged with unbecoming, improper, unprofessional or discreditable conduct, the person charged may request a hearing administrator to establish a prehearing conference.
- (d) Subject to paragraph (e), upon receiving a request to establish a prehearing conference, the hearing administrator will contact the parties and set a date for a prehearing conference.
- (e) Unless legal counsel for the College and legal counsel for the person charged otherwise agree, the hearing administrator will only establish a date for a prehearing conference after College counsel has provided disclosure.
- (f) At least 20 days prior to the date set for the prehearing conference, the lawyer for the College is required to provide a prehearing conference memorandum to the hearing administrator and the other party.
- (g) At least 10 days prior to the date set for the prehearing conference, the person charged or, if the person is represented by legal counsel, the person's lawyer, is required to provide a prehearing conference memorandum to the hearing administrator and the other party.
- (h) The Council can, from time to time, establish what is required to be included in a prehearing conference memorandum.
- (i) College legal counsel and if the person charged is represented by a lawyer, the person's legal counsel, are required to participate in a prehearing conference with the hearing administrator on a date and time set by the hearing administrator to attempt to resolve the charge or charges or, if an agreement cannot be reached, to act in good faith to attempt to make the hearing before the discipline hearing committee more efficient. Unless College legal counsel and the person's lawyer otherwise agree, or the hearing administrator otherwise directs, the person charged is also required to participate in the prehearing conference. These obligations apply to any adjournment of a prehearing conference and to any meetings directed by the hearing administrator as part of the prehearing conference.

- (j) College legal counsel, counsel for the person charged and the person charged shall not have any *ex parte* communications with the hearing administrator that could have the effect of influencing the conduct or outcome of the prehearing conference.
- (k) Unless otherwise directed by the hearing administrator, the prehearing conference will be conducted in person, or by video, telephone conference or an equivalent mechanism provided that all parties participating are able to communicate with each other. The hearing director may direct an in-person prehearing conference.
- (l) At the prehearing conference, the hearing administrator shall discuss the following with the parties:
 - (i) whether any or all of the issues can be settled;
 - (ii) whether the issues can be simplified;
 - (iii) whether there are any agreed facts;
 - (iv) whether either party contemplates a pre-hearing application;
 - (v) the advisability of attempting other forms of resolution of the matter; and
 - (vi) anything else that the hearing administrator concludes is relevant for the parties to discuss.
- (m) The hearing administrator may adjourn a prehearing conference and may hold one or more meetings with the parties as part of the prehearing conference.
- (n) If a proposed resolution requires the Council or the Executive Committee to make a decision to implement that proposed resolution, College legal counsel will act in good faith to support that decision being made.
- (o) Memos and discussions during the prehearing conference of the strengths and weaknesses of the parties' evidence and arguments and of possible resolutions are without prejudice and may not be disclosed by anyone unless all parties agree, or disclosure is required by law

11.2 HEARINGS BEFORE THE DISCIPLINE HEARING COMMITTEE

- (a) It is the intention of the Council that all discipline hearings before the Discipline Hearing Committee be conducted in a manner that is fair to the physician who is charged and in a manner that permits both the physician who is subject to discipline and the College to know the nature of the evidence which will lead at the hearing. In order to accomplish this, it is necessary for full and complete disclosure to be made by both parties relating to the witnesses to be called and the nature of the evidence which will be introduced at the hearing. It is also the intention of the Council to allow for matters of a preliminary nature to be determined by the Discipline Hearing Committee in advance of the hearing wherever possible. The Council therefore enacts the following bylaw.
- (b) Not less than two weeks prior to the date set for the commencement of a hearing before the Discipline Hearing Committee, the physician who has been charged and the College will provide to each other the following information and documents:
 - (i) the names of each of the witnesses which that party intends to call to give evidence at the hearing;
 - (ii) A summary of the evidence which that party expects will be given by that witness;
 - (iii) If a witness will be called to give expert evidence, a summary of the qualifications of that witness;

- (iv) A list of all documents which the party intends to introduce into evidence at the hearing. Such party shall permit the other party to examine such documents and to obtain copies of all such documents, at the cost of the party requesting the documents.
- (c) If, as a result of the information disclosed by the other party under paragraph 11.2(b) above, a party intends to introduce evidence at the hearing in addition to the evidence which it has disclosed, that party shall provide the information referred to in paragraph 11.2(b) with respect to that additional evidence.
- (d) The Discipline Hearing Committee shall not permit a witness to testify unless the name of that witness, a summary of that witness' evidence, and, if the witness is called to give expert evidence, a summary of that witness' qualifications has been disclosed in accordance with paragraph 11.2(b) or 11.2(c) of this bylaw. The Discipline Hearing Committee shall not permit a document to be entered into evidence unless the information respecting that document has been disclosed in accordance with paragraph 11.2(b) or 11.2(c) of this bylaw.
- (e) Notwithstanding paragraph 11.2(d) of this bylaw, if the Discipline Hearing Committee is satisfied that the failure to disclose the required information arose through inadvertence, or that the information was not in the possession of the party at the time that disclosure was required, or that for any other compelling reason it would be manifestly unfair to exclude evidence or documents not disclosed as required, the Discipline Hearing Committee may permit such evidence to be given, or such documents to be introduced into evidence. This may be done on such terms or conditions as the Discipline Hearing Committee may determine, including the following:
 - (i) the Committee may adjourn the hearing for such time as the Committee considers reasonable to permit the other party the opportunity to respond to such evidence;
 - (ii) the Committee may require the party who requests the introduction of such evidence to agree to pay an amount of costs, as estimated by the Committee, which may be incurred by the physician or the College as a result of the failure to disclose such evidence in accordance with paragraph 11.2(b) or 11.2(c) of this bylaw.
- (f) If either party intends to object to the jurisdiction of the Committee, or intends to raise any preliminary objection or preliminary issue of law before the Committee, such party shall prepare a written summary of the nature of the objection, the points of law to be argued, the authorities relied upon and the evidence to be lead in support of such objection or issue of law. Such summary shall be provided to the other party and, if an assessor has been named for the hearing, the assessor, not less than 14 days before the date set for the commencement of the hearing.
- (g) A party who fails to provide the written summary contemplated by paragraph 11.2(f) shall be deemed to have waived the objection or issue of law and the Committee shall not entertain such objection or argument on such issue of law. If the Committee is satisfied that the failure to provide the written summary arose through inadvertence, or that the party was not in possession of all of the relevant facts to determine whether the objection should be made or the point of law raised, or that for any other compelling reason it would be manifestly unfair that the party not be permitted to make such objection, or raise such point of law, it may permit the objection to be made or the point of law to be raised on such terms or conditions as the Discipline Hearing Committee may determine, including the following:
 - (i) the Committee may adjourn the hearing for such time as the Committee considers reasonable to permit the other party the opportunity to respond to such objection or point of law;

- (ii) the Committee may require the party who wished to raise such objection or point of law to agree to pay an amount of costs, as estimated by the Committee, which may be incurred by the other physician or the College as a result of the failure to provide the written summary in accordance with paragraph 11.2(f) of this bylaw.
- (h) The Discipline Hearing Committee may meet by telephone conference call or similar communications equipment, whereby all Committee members participating in the meeting can hear each other at the same time to deal with any matters which may arise at any time that are relevant to a hearing, objections to the jurisdiction of the Committee, questions of law and requests for adjournments, and may for that purpose establish a date and time for such meetings which may be in advance of the date established for the commencement of the hearing.
- (i) A Discipline Hearing Committee may consider in one hearing one or more charges against a member and a charge may contain one or more allegations.
- (j) If one or more members of a Discipline Hearing Committee withdraw from acting at the hearing, or are unable or unwilling to hear and determine the charge, the hearing may continue with the remaining members of the Discipline Hearing Committee provided that there shall at all times be a quorum, as required by section 49(7) of the Act.
- (k) The chairperson or acting chairperson may appoint an assessor to assist the Discipline Hearing Committee for all, or any part, of a hearing before the Discipline Hearing Committee. Such assessor may advise the Discipline Hearing Committee on any issues of fact, law or procedure which arise before the Committee in advance of or during the hearing, or in connection with the decision of the Committee. For that purpose the assessor may assist the Discipline Hearing Committee during its deliberations and may review drafts of the decision of the Committee and provide advice to the Committee respecting such decisions.

12.1 THE COMPETENCY COMMITTEE

- (a) Composition
 - (i) The Chair and members of the Committee shall be appointed by Council or the Executive Committee.
 - (ii) A Competency Committee shall be composed of one or more members whose training and experience lie within the same field of medicine as the member being evaluated.
- (b) Objective
 - (i) To determine whether a member has adequate skill and knowledge to practise in Saskatchewan.
- (c) Method - The methods of evaluation to determine skill and knowledge may include one or more of the following:
 - (i) case discussion;
 - (ii) observation of the performance of the physician in an office setting;
 - (iii) observation of the performance of the physician in hospital;
 - (iv) written examination;
 - (v) the use of Family Medicine, or Royal College evaluation forms;
 - (vi) a medical examination to determine the physician's health;

- (vii) any other method deemed appropriate by the Committee;
- (d) Reporting - Upon completion of its assigned task the Committee shall prepare for Council a written report of its activities, findings and conclusions, to be signed by each member of the Committee concurring. A minority report may be submitted. Council may require the presence of the Chair or his/her designate at a meeting of Council to present the report and answer questions. The report should state one of the following:
 - (i) that the physician had adequate skill and knowledge to practise; or
 - (ii) that the physician lacks adequate skill and knowledge in a particular discipline or disciplines; or
 - (iii) that the physician lacks adequate skill and knowledge to practise.

13.1 THE COMPETENCY HEARING COMMITTEE

- (a) Composition:
 - (i) Competency Hearing Committees shall be selected from the Council in accordance with the Act and bylaws.
- (b) Objectives:
 - (i) To conduct hearings following a report from a Competency Committee to determine whether a member has adequate skill and knowledge in the practice of medicine in accordance with the Act and the bylaws.
- (c) Methods:
 - (i) To conduct hearings pursuant to the provisions of the Act and the bylaws.
- (d) Reporting:
 - (i) The Committee shall provide reports to the Council in accordance with section 45(9) of the Act.

13.2 HEARINGS BEFORE THE COMPETENCY HEARING COMMITTEE

- (a) The Council, the Executive Committee, or the Competency Hearing Committee shall name from the Competency Hearing Committee a person to be the Chair of the Competency Hearing Committee. The Council, the Executive Committee or the Competency Hearing Committee may replace the Chair and name a different person from the Competency Hearing Committee as Chair.
- (b) The Chair of the Competency Hearing Committee shall fix the time and place for the hearing by the Competency Hearing Committee.
- (c) The Competency Hearing Committee may, from time to time, adjourn the hearing.
- (d) Where:
 - (i) The time and place for a hearing has been scheduled; or
 - (ii) a hearing has been adjourned to a specific time and place;and, before the scheduled or adjourned date, the Chair forms the opinion that the hearing should be adjourned to a different time or place, he or she may adjourn the hearing.
- (e) The person who is the subject of the hearing may be present at the hearing and may be represented by counsel at his own expense.

- (f) The report of the Competency Committee is admissible in evidence before the Competency Hearing Committee as evidence of the matters set out in the report. The members of the Competency Committee shall not be required to give *viva voce* evidence at the hearing or to be cross-examined at the hearing. A representative of the College of Physicians and Surgeons or the physician whose competency is under investigation may ask the Competency Hearing Committee to request one or more members of the Competency Committee to attend at the hearing and to give evidence at the hearing. Upon such a request, or on its own motion, the Competency Hearing Committee may, in its discretion, and if it considers it necessary, request one or more members of the Competency Committee to attend at the hearing to give evidence at the hearing.
- (g) The Competency Hearing Committee may, in addition to the report of the Competency Committee, consider such additional information as it considers reliable.
- (h) For the purpose of advising the Competency Hearing Committee on questions of law arising in proceedings before it, the Competency Hearing Committee may appoint a person entitled to practise as a member of the Law Society of Saskatchewan, and who has at least 10 years standing as a barrister or solicitor, to be an assessor at the hearing.
- (i) The Competency Hearing Committee may, subject to the Act and this bylaw, determine the practice and procedure to be followed at the hearing.
- (j) A majority of the members of the Competency Hearing Committee shall constitute a quorum, provided however that the quorum cannot be fewer than three members of the Competency Hearing Committee.
- (k) If a member of the Competency Hearing Committee withdraws, or is unable or unwilling to hear and determine whether the person whose competence is under investigation has adequate skill and knowledge in the practice of medicine, the Executive Committee or the Council may select from the members of the Council a person to replace such individual. This section does not apply once a hearing has been commenced and evidence has been considered by the Competency Hearing Committee in the presence of the person whose competency is under investigation.
- (l) If one or more members of the Competency Hearing Committee shall at any time withdraw, or shall be unable or unwilling to hear and determine whether the person whose competence is under investigation has adequate skill and knowledge in the practice of medicine, the hearing may continue with the remaining members of the Competency Hearing Committee, provided that there is at all times a quorum of the Competency Hearing Committee present.
- (m) If the hearing by a Competency Hearing Committee has been adjourned, the Executive Committee or the Council may appoint a differently constituted Competency Hearing Committee to determine whether the person whose competence is under investigation has adequate skill and knowledge in the practice of medicine. This section does not apply once a hearing has been commenced and evidence has been considered by the Competency Hearing Committee in the presence of the person whose competency is under investigation.
- (n) A member or person appointed to a Competency Hearing Committee shall remain a member of that Competency Hearing Committee until:
 - (i) the hearing has been concluded and the Committee's report to the Council has been made;
 - (ii) if the physician is determined not to have adequate skill and knowledge in the practice of medicine the Council has made a decision under Section 45(12) of the Act; and
 - (iii) all appeals under the Act have been decided and, where the matter has been remitted back to the Competency Hearing Committee, the matter is concluded and all things that are required to be

done by the Competency Hearing Committee or the Council or in relation to all appeals have been completed.

14.1 NOTIFYING FORMER MEMBERS OF DISCIPLINARY INVESTIGATIONS

- (a) When the Council or the Executive Committee acts pursuant to section 42.5 or 42.6 of the Act with respect to a person no longer registered with the College of Physicians and Surgeons of Saskatchewan, the Council or the Executive Committee shall cause a notice to be sent within 30 days to the person by registered mail to the person's last known address as shown by the records of the College.

15.1 COST OF DISCIPLINE PROCEEDINGS

- (a) For the purpose of clause 54(1)(i) of the Act, the following are defined to be costs of and incidental to the investigation and hearing:
 - (b) the travel, accommodation and meal expenses of the members of the Discipline Hearing Committee for the hearing, as well as the per diem allowances payable by the College to such members for such hearing;
 - (c) the fees and expenses, including travel, accommodation and meal expenses of the assessor retained by the College in connection with the hearing;
 - (d) the travel, accommodation and meal expenses of the members of the Preliminary Inquiry Committee in connection with its investigation, as well as the per diem allowances payable by the College to such persons for such investigation;
 - (e) the cost of reporting services and expenses;
 - (f) expert fees both for the preparation of written opinions and attending to give evidence with travel, accommodation and meal expenses incurred by such expert witnesses for the purpose of giving evidence;
 - (g) payments made to witnesses in connection with a hearing before the Discipline Hearing Committee or before the Preliminary Inquiry Committee, including witness fees, travel and meal expenses;
 - (h) the fees and expenses of the lawyer or lawyers retained by the College in connection with the investigation and/or hearing, including in connection with a prehearing conference;
 - (i) the sum of \$300.00 per hour for each hour spent by a lawyer employed by the College of Physicians and Surgeons in connection with the investigation and/or hearing, including in connection with a prehearing conference;
 - (j) the fees and expenses of a hearing administrator in connection with a prehearing conference;
 - (k) costs of photocopying done by the College of Physicians and Surgeons in connection with the investigation and/or hearing calculated at a rate of \$.25 per page;
 - (l) any other expenses incurred by the College incidental to the investigation and hearing.

PART 5 –COMMUNICATION WITH THE COLLEGE

16.1 COLLEGE REQUESTS FOR INFORMATION

- (a) The Registrar, the Deputy Registrar, the Executive Committee, the Council and the Standing Committees referred to in the bylaws of the College frequently request information and explanations from physicians. Prompt response to such requests is required if the College is to expeditiously and effectively regulate the practice of medicine and comply with the objects of the Act.

16.2 RESPONSE TO COLLEGE REQUESTS FOR INFORMATION

- (a) Upon receipt of a written request from the Registrar, the Deputy Registrar, the Executive Committee, the Council or a standing committee for information a physician shall:
- (i) respond substantially to the request;
 - (ii) provide the information or explanation requested to the best of the physician's ability to do so;
 - (iii) provide originals of documents requested, if originals are requested, or legible copies of documents if copies are requested;
 - (iv) provide a printed record if the requested information or documents are stored in an electronic computer storage form or similar form.
- (b) A physician shall provide the requested information, as referred to in the paragraph (a) within 14 days of receipt of the request, or such additional time as may be granted by the Registrar or Deputy Registrar for the response.
- (c) A physician who is requested to provide information to the College of Physicians and Surgeons or to any individual or committees associated with the College of Physicians and Surgeons under paragraph (a), or under any other provision of the Act or these bylaws relating to the provision of information and documents including, without limiting the generality of the foregoing, the Administrative bylaws establishing the standing committees, 4.1, 16.1, 18.1, 19.1, 21.1, 22.1, or 25.1 of the bylaws and Section 55.3 of the Act, shall provide the information, explanation or documents contemplated by the request whether the consent of any person with an interest in the information, explanation or documents has, or has not, been sought or obtained.
- (d) Information obtained pursuant to this paragraph or under any other provision of the Act or these bylaws relating to the provision of information and documents shall be treated confidentially and, unless otherwise directed by the Executive Committee, or the Council, shall not be used except for the purpose of complying with the objects of the Act or the duties of the committee or individual which obtains such information or documents.
- (e) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to fail to comply with paragraph 16.1 or 16.2.

PART 6 –PRACTICE STANDARDS

17.1 MINIMUM STANDARDS FOR WRITTEN AND VERBAL MEDICATION PRESCRIPTIONS ISSUED BY PHYSICIANS

- (a) Safe patient care requires clear written or verbal communication between physicians and licensed pharmacy professionals (pharmacists or pharmacy technicians), in accordance with policies established by the Saskatchewan College of Pharmacy Professionals, to minimize the risk of medication dispensing errors. To that end, the following bylaw defines minimum standards for written and verbal prescriptions issued by physicians.
- (b) For the purpose of this bylaw, “written prescription” includes an electronic prescription that meets the requirements for electronic prescribing under the Pharmaceutical Information Program.
- (c) For the purpose of this bylaw, “signature” includes a method of physician identification that meets the requirements for electronic prescribing under the Pharmaceutical Information Program.
- (d) Handwritten prescriptions given directly to the patient must be signed manually. EMR-generated prescriptions that are printed and given directly to the patient must be counter-signed with a “wet” signature.
- (e) A physician who issues a written prescription must include all of the following information on the prescription in a manner that is fully legible:
 - (i) his/her name and signature;
 - (ii) the patient’s name;
 - (iii) the full name of the medication;
 - (iv) the medication concentration where appropriate;
 - (v) the medication strength where appropriate;
 - (vi) the dosage;
 - (vii) the amount prescribed or the duration of treatment;
 - (viii) the administration route if other than oral;
 - (ix) explicit instructions for patient usage of the medication;
 - (x) the number of refills where refills are authorized.
- (f) All of this information shall be contained on one side of the prescription form.
- (g) Notations such as “use as directed” or similar remarks do not meet the requirements of d(ix) except where usage instructions are uniformly included on the manufacturer’s medication packaging label.
- (h) A physician who issues a prescription which prohibits drug substitution by the licensed pharmacy professional must hand write those instructions or initial any pre-printed instructions to that effect.
- (i) A physician who issues a prescription for the purpose of obtaining drugs from a licensed pharmacy professional for professional office use must explicitly make a notation on the prescription that the drugs in question are for professional office use.

- (j) Physicians in training who are enrolled on the educational register of the College of Physicians and Surgeons and who may be authorized to issue prescriptions must clearly identify on the prescription the name of the fully registered physician who is their supervisor in respect to the specific physician/patient interaction.
- (k) Physicians may transmit written prescriptions to licensed pharmacy professionals by fax, or other electronic means in accordance with policies that may be adopted by the Saskatchewan College of Pharmacy Professionals from time to time. All of the provisions of paragraphs (b) through (g) above apply to a prescription transmitted by fax.
- (l) Other than prescriptions transmitted in accordance with the policies and protocols of the Pharmaceutical Information Program, a physician shall only transmit written prescriptions to licensed pharmacy professionals by fax or other electronic means based upon patient instructions to transmit the prescription to a specific pharmacy.
- (m) A physician who issues a verbal prescription to a licensed pharmacy professional must provide to the licensed pharmacy professional all of the information described in paragraphs (e)(i) through (e)(x).
- (n) All verbal prescriptions must be communicated directly between a physician and a licensed pharmacy professional, as permitted by the Saskatchewan College of Pharmacy Professionals, as opposed to agents for either licenced professional.

18.1 THE PRESCRIPTION REVIEW PROGRAM

- (a) Panel of Monitored Drugs – The Prescription Review Program shall apply to all dosage forms of the following drugs, their salts and/or enantiomers, in all dosage forms, as a single active ingredient or as a combination product, except where indicated otherwise:

AMPHETAMINES

ANABOLIC STEROIDS

ANILERIDINE

BACLOFEN

BARBITUATES

BENZODIAZEPINES

BUPRENORPHINE

BUTALBITAL

BUTALBITAL WITH CODEINE

BUTORPHANOL

CHLORAL HYDRATE

COCAINE
CODEINE
DIACETYLMORPHINE
DIETHYLPROPION
DIPHENOXYLATE
FENTANYL
GABAPENTIN
HYDROCODONE
DIHYDROCODEINONE
HYDROMORPHONE
DIPHRYDROMORPHONE
KETAMINE
LEMBOREXANT
LEVORPHANOL
MEPERIDINE - PETHIDINE
METHADONE
METHYLPHENIDATE
MORPHINE
NORMETHANDONE-P-HYDROXYEPHEDRINE
OXYBUTYNIN
OXYCODONE
OXYMORPHONE
PANTOPON
PENTAZOCINE
PHENTERMINE
PREGABALIN
PROPOXYPHENE

REMIFENTANIL

SUFENTANIL

TAPENTADOL

TRAMADOL

ZOLPIDEM

ZOPICLONE

- (b) Prescriptions for drugs covered by the Prescription Review Program shall be issued by physicians according to the policies and procedures agreed to and amended from time to time by the College of Dental Surgeons of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association and the Saskatchewan College of Pharmacy Professionals.
- (c) In order to prescribe a drug to which the Prescription Review Program applies, physicians shall complete a written prescription which meets federal and provincial legal requirements and includes the following:
 - (i) The patient's date of birth;
 - (ii) The patient's address;
 - (iii) The total quantity of medication prescribed, both numerically and in written form;
 - (iv) The patient's health services number; and,
 - (v) The prescriber's name and address.
- (d) For the purpose of this bylaw, "written prescription" includes an electronic prescription that meets the requirements for electronic prescribing under the Pharmaceutical Information Program.
- (e) A physician who prescribes a drug to which the Prescription Review Program applies, and who provides the prescription directly to a pharmacy by secure electronic prescribing, by FAX, or who transmits a prescription in accordance with the policies and protocols of the Pharmaceutical Information Program, need not include both the quantity numerically and in written form.
- (f) Notwithstanding paragraphs (c) to (e), a physician can provide a verbal prescription for a drug to which the Prescription Review Program applies if the physician concludes that it isn't reasonably possible to provide a written prescription or an electronic prescription. The physician must include the information required by paragraph (c) in the verbal prescription.
- (g) If a physician is registered on the Educational Register, the physician shall, in addition to the information in paragraph (c) above, include the following in a prescription for a drug to which the Prescription Review Program applies:
 - (i) The training level of the physician writing the prescription;
 - (ii) The legibly printed name of the Most Responsible Physician (the physician to whom queries regarding the prescription should be addressed);
 - (iii) The legibly printed name of the physician writing the prescription.

- (h) Other than as set out in paragraph (i), physicians shall only prescribe part-fills of medications to which the Prescription Review Program applies if the following information is specified in the prescription:
 - (i) The total quantity;
 - (ii) The amount to be dispensed each time; and
 - (iii) The time interval between fills.
- (i) The requirements related to part fills in paragraph (h) shall not apply to prescriptions for the following medications:
 - (i) baclofen
 - (ii) chloral hydrate
 - (iii) gabapentin
 - (iv) oxybutynin
 - (v) pregabalin
 - (vi) lemborexant
 - (vii) zopiclone
- (j) The office of the Registrar may gather and analyze information pertaining to the prescribing of medications to which the Prescription Review Program applies in Saskatchewan for the purpose of limiting the inappropriate prescribing and inappropriate use of such drugs. In order to fulfill that role, the office of the Registrar may, among other activities:
 - (i) Generally, provide education to physicians in order to encourage appropriate prescribing practices by physicians registered by the College;
 - (ii) Alert physicians to possible inappropriate use of medications to which the Prescription Review Program applies by patients to whom they have prescribed such drugs;
 - (iii) Alert physicians to possible inappropriate prescribing of medications to which the Prescription Review Program applies;
 - (iv) Make recommendations to a physician with respect to the physician's prescribing of medications to which the Prescription Review Program applies;
 - (v) Require physicians to provide explanations for their prescribing of medications to which the Prescription Review Program applies. In making requests for explanations, the office of the Registrar may require the physician to provide information about the patient, the reasons for prescribing to the patient, and any knowledge which the physician may have about other narcotics or controlled drugs received by the patient;
 - (vi) Cause information, concerns or opinions of general application to the profession to be communicated to the physicians registered by the College without identifying the particular physician to whom such information relates;
 - (vii) Provide information gathered in connection with the Prescription Review Program to another health professional body including the College of Dental Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists or the College of Registered Nurses of Saskatchewan, provided the information gathered is required by that body to perform and carry out the duties of that health professional body pursuant to an Act with respect to regulating the profession. Where the personal

- health information relates to a member of the health professional body seeking disclosure, disclosure by the Registrar of that information may only be made in accordance with The *Health Information Protection Act*, and in particular section 27(5) or that Act.
- (k) Physicians shall respond to such requests for explanation, as described in paragraph (j)(v) above, from the office of the Registrar within 14 days of receipt of such a request for information.
 - (l) The Registrar, Deputy Registrar, or Prescription Review Program Supervisor may extend the deadline for reply at their discretion, upon receipt of a written request for extension from the physician.
 - (m) All physicians who receive such a request for information will comply, to the best of their ability, fully and accurately with such requests for information.
 - (n) Failure to comply with paragraphs (j)(v), (k) and (m) above is unbecoming, improper, unprofessional or discreditable conduct.
 - (o) Members shall keep a record of all drugs to which the Prescription Review Program applies that are purchased or obtained for the member's practice and a record of all such drugs administered or furnished to a patient in or out of the physician's office, showing:
 - (i) the name, strength and quantity of the drug purchased or obtained;
 - (ii) the name, strength, dose and quantity of the drug administered or furnished;
 - (iii) the name and address of the person to whom it was administered or furnished, and, if applicable, the name and address of the person who took delivery of the drug; and
 - (iv) the date on which the drug was obtained and the date(s) on which the drug was administered, furnished or otherwise disposed of.
 - (p) The record referred to in paragraph (o) shall be kept separate from the patient's medical record.

19.1 STANDARDS FOR PRESCRIBING OF METHADONE OR BUPRENORPHINE FOR OPIOID USE DISORDER

- (a) For the purposes of this bylaw, "buprenorphine" includes all products containing buprenorphine.
- (b) for the purposes of this bylaw "initiating physician" means a physician who prescribes methadone to a patient who is not currently being prescribed methadone or prescribes buprenorphine to a patient who is not currently being prescribed buprenorphine;
- (c) For the purpose of this bylaw "maintaining physician" means a physician who prescribes methadone or buprenorphine to a patient after the patient has been reasonably stabilized on that treatment by an initiating physician.
- (d) Subject to paragraphs (e) and (f), no physician shall prescribe methadone or buprenorphine for the treatment of opioid use disorder unless the Registrar has approved the physician to do so.
- (e) A physician is not required to obtain approval from the Registrar to prescribe buprenorphine in its transdermal form, nor is a physician required to obtain approval from the Registrar to prescribe methadone or buprenorphine solely for the purpose of pain control.
- (f) A physician is not required to obtain approval from the Registrar to prescribe methadone or buprenorphine to a patient in an Emergency Room or during a short-term admission to a provincial health region facility or in a corrections facility in accordance with College Policies and Standards.

- (g) The Registrar may approve a physician as an initiating physician to prescribe methadone or buprenorphine, or may approve a physician as a maintaining physician to prescribe methadone or buprenorphine, for the treatment of opioid use disorder.
- (h) In order to obtain approval to prescribe buprenorphine as a maintaining physician, the physician must demonstrate that they have an ongoing association with an experienced initiating prescriber who serves as a resource to the maintaining prescriber.
- (h.1) In order to obtain approval to prescribe methadone or buprenorphine as a maintaining physician to a palliative patient with opioid use disorder, the physician will be required to agree in writing that the physician will have an ongoing association with an experienced initiating OAT prescriber who serves as a resource to the maintaining physician and that the physician will comply with the current OAT Standards and Guidelines for the Treatment of Opioid Use Disorder.
- (i) In order to obtain approval to prescribe methadone or to prescribe buprenorphine as an initiating physician, the physician must demonstrate that they have met the requirements to prescribe methadone or buprenorphine as established by the College from time to time in Policies or Standards. Without limiting what is required to meet those requirements, the physician will be required to:
 - (i) Have completed an educational program on the prescribing of methadone or buprenorphine, as the case may be, approved by the Registrar;
 - (ii) Agree in writing to follow the Policies or Standards of the College related to the prescribing of methadone or buprenorphine as they may exist from time to time;
 - (iii) Agree in writing to make arrangements for after-hour care of the physician's patients if the physician is not available, and make arrangements during periods of the physician's absence to have an approved prescriber available who will assume responsibility for the physician's patients if required during these periods.
 - (iv) Agree in writing to participate in an audit of their prescribing of methadone or buprenorphine if requested by the Registrar;
 - (v) Agree in writing to participate in a program of continuing medical education related to the prescribing of methadone, the prescribing of buprenorphine and/or addiction medicine as may be required by College Policies or Standards from time to time.
 - (vi) Have access to one or more addiction counselors and one or more pharmacists to provide patients the full range of treatment options, if the physician seeks approval as an initiating physician;
 - (vii) Have access to counseling and pharmacy services if the physician seeks approval as a maintaining physician;
 - (viii) Have access to the Saskatchewan electronic Health Record (eHR) Viewer to permit monitoring of drugs prescribed to and laboratory results for those patients to whom the physician prescribes methadone or buprenorphine.
 - (ix) Have access to appropriate laboratory services to perform urine drug testing or to collect, store and transport urine for drug testing for those patients to whom the physician prescribes methadone or buprenorphine.

- (j) When considering whether to approve a physician to prescribe methadone or buprenorphine, the Registrar can consider any information that the Registrar considers relevant, including any of the following:
 - (i) Whether the physician has been subject to any complaints or disciplinary action, and if so, the outcome of such complaints or disciplinary action;
 - (ii) Any information from the College's Prescription Review Program that may be relevant to the physician's prescribing;
 - (iii) What qualifications or training, if any the physician holds, or has received in addiction medicine;
 - (iv) Whether the physician has access to appropriate methadone or buprenorphine dispensing facilities for those patients to whom the physician prescribes methadone or buprenorphine;
- (k) The Registrar may rescind the approval granted to a physician to prescribe methadone or buprenorphine if the Registrar concludes that the physician has failed to comply with the terms of this bylaw, the physician has failed to comply with the Policies or Standards of the College, or it is in the public interest to rescind the approval.
- (l) The Registrar shall not rescind the approval granted to a physician to prescribe methadone or buprenorphine until:
 - (i) the Registrar has given notice, or caused notice to be given, verbally or in writing, to the person, which notice may be given by email communication to the email address provided to the College;
 - (ii) the Registrar has advised the physician of the information to be considered by the Registrar in relation to the possible rescission; and
 - (iii) the physician has been given the opportunity to make representations to the Registrar in any manner that the Registrar may determine.
- (m) The Registrar may rescind the approval granted to a physician to prescribe methadone or buprenorphine without notice or an opportunity for the person to make representations if the Registrar concludes that immediate action is required.
- (n) If the Registrar makes a decision to rescind approval under paragraph (m), the Registrar shall thereafter provide notice to the physician and give the person the opportunity to provide representations as provided for in paragraph (l). If the physician makes representations, the Registrar shall reconsider the decision to rescind approval as provided for in paragraph (k).
- (o) A decision made by the Registrar shall be subject to review by the Executive Committee. The Executive Committee shall give the physician the opportunity to make representations to the Executive Committee in any manner that the Executive Committee may determine.
- (p) The Registrar may grant temporary approval for a physician who does not meet the requirements of this bylaw to prescribe methadone or buprenorphine, if the Registrar concludes that it is appropriate to grant that approval to provide continuity of care to patients. The Registrar will, in granting that approval state the period for which that approval is in effect and any conditions or restrictions on that approval.
- (q) It is unbecoming, improper, unprofessional or discreditable conduct to fail to comply with this bylaw.

19.2 STANDARDS FOR PRESCRIBING MARIHUANA

- (a) The College of Physicians and Surgeons supports the evidence- based practice of medicine, and believes that physicians should not be asked to prescribe or dispense substances or treatments for which there is little or no evidence of clinical efficacy or safety. The College of Physicians and Surgeons believes that there have not been sufficient scientific or clinical assessments to provide a body of evidence as to the efficacy and safety of marihuana for medical purposes. Despite that, the College of Physicians and Surgeons recognizes that the *Medical Marihuana Access Regulations* have established a process by which physicians can prescribe medical marihuana and patients can access a legal source of prescribed marihuana. This standard has been developed to establish the minimum standards which physicians must meet in order to prescribe marihuana for their patients.
- (b) A physician may only prescribe marihuana for a patient for whom the physician is the primary treating physician for the condition for which the marihuana is prescribed.
- (c) Prior to prescribing marihuana, a physician must review the patient’s medical history, review relevant records pertaining to the condition for which the marihuana is prescribed and conduct an appropriate physical examination.
- (d) A physician who prescribes marihuana may only do so after the patient signs a written treatment agreement which contains the following:
 - (i) A statement by the patient that the patient will not seek a prescription for marihuana from any other physician during the period for which the marihuana is prescribed;
 - (ii) A statement by the patient that the patient will utilize the marihuana as prescribed, and will not use the marihuana in larger amounts or more frequently than is prescribed;
 - (iii) A statement by the patient that the patient will not give or sell the prescribed marihuana to anyone else, including family members;
 - (iv) A statement by the patient that the patient will store the marihuana in a safe place;
 - (v) A statement by the patient that if the patient breaches the agreement, the physician may refuse to prescribe further marihuana.
- (e) A physician who prescribes marihuana shall maintain a medical record for the patient which meets the requirements of Bylaw 23.1 and, in addition, contains the following:
 - (i) Evidence of compliance with paragraph (c) of this bylaw;
 - (ii) The treatment agreement required by paragraph (d) of this bylaw;
 - (iii) The diagnosis for which the marihuana was prescribed;
 - (iv) A statement of what other treatments have been attempted for the condition for which the physician has prescribed marihuana, and the effect of such treatments;
 - (v) A statement of what, if anything, the patient has been advised about the risks of use of marihuana;
 - (vi) A statement that in the physician’s medical opinion the patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat the patient’s medical condition;

- (f) A physician who prescribes marihuana shall maintain a single record, separate from patient records, which contains a record of all prescriptions which the physician has made for medical marihuana. The record shall contain the following information with respect to each patient:
 - (i) The patient's name, health services number and date of birth;
 - (ii) The quantity and duration for which marihuana was prescribed;
 - (iii) The medical condition for which marihuana was prescribed;
 - (iv) The name of the licensed producer from which the marihuana will be obtained, if known to the physician.
- (g) The record required by paragraph (e) shall be available for inspection by the College of Physicians and Surgeons on reasonable notice to the physician.
- (i) The provisions of paragraphs 18.1 (h), (i), (j), (k) and (l) shall apply, with all necessary changes, to physicians who have prescribed marihuana for one or more patients.

Relationships with licensed producers

- (j) A physician may not carry out any of the activities required by paragraph (c) of this bylaw at the premises of a licensed producer or a location provided by or subsidized by a licensed producer.
- (k) A physician who prescribes marihuana may not hold a direct or indirect economic interest in a licensed producer.
- (l) A physician who prescribes marihuana may not be a member of the board of directors of a licensed producer, may not be an employee of a licensed producer, and may not receive any financial benefit from a licensed producer.
- (m) A physician may not dispense marihuana to a patient or store marihuana at any location at which the physician carries on the practice of medicine.
- (n) Marihuana for medical purposes is an unproven therapy with an unproven record of safety and efficacy. The Council may review the available information from time to time and may change the standards and protocols which apply to the prescribing of marihuana and may prohibit prescribing of marihuana if the available information indicates to the Council that this would be a prudent action.

20.1 ACUPUNCTURE

- (a) The College recognizes acupuncture as a medical act.
- (b) Physicians wishing to practise acupuncture shall submit to the Registrar their qualifications and experience.
- (c) The minimum qualification is the Diploma from the Acupuncture Foundation of Canada or other approved course of training.

21.1 PERFORMANCE ENHANCING SUBSTANCES

- (a) A physician shall not prescribe or administer anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones or other performance enhancing substances that are banned by sports governing councils for the purpose of enhancing athletic ability.

- (b) A physician shall complete and maintain patient medical records which accurately reflect the utilization of any substance or drug described in (a) above. Patient medical records shall indicate the diagnosis and purpose for which the substance or drug is utilized, and any additional information upon which the diagnosis is based. Records on these patients must be produced for inspection by the College.
- (c) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to fail to follow this bylaw.

22.2 PERFORMANCE STANDARDS FOR PERFORMANCE OF CHELATION THERAPY

- (a) While the College of Physicians and Surgeons is not convinced of the efficacy of chelation therapy, and does not endorse its use for any purpose other than heavy metal poisoning, it recognises that there is public demand for safe access to this treatment.
- (b) The provisions of this bylaw apply only to the use of chelation therapy for purposes other than treatment of heavy metal poisoning as defined by the reference values set by the Provincial Lab of Saskatchewan.
- (c) For the purpose of this bylaw:
 - (i) Chelation therapy means the intravenous or intramuscular administration of ethylene diamine tetra acetate (EDTA) or magnesium disodium-ethylene diamine tetra acetate or similar substances;
 - (ii) Physician or physicians shall mean persons registered under section 4, 28, 29, 30 or 31 of the Act.
- (d) No physician shall practice chelation therapy unless:
 - (i) That physician is certified by the American Board of Chelation Therapy or any other body acceptable to Council; or
 - (ii) That physician has passed the written examination of the American Board of Chelation Therapy, the International Board of Chelation Therapy or other body acceptable to the Council, and less than two years have passed since passing the written examination.
- (e) All patient charts will include (at a minimum) written or typed records of:
 - (i) Precounselling information, consent, history including health questionnaire, and physical examination;
 - (ii) Pretreatment tests;
 - (iii) Evidence of Cockcroft-Gault calculation;
 - (iv) Flow chart of treatments including number of treatment, date, weight, creatinine, blood pressure (pre and post), pulse rate, lab results (glucose, magnesium, creatinine etc.), urine and notes;
 - (v) Medication / fluid record;
 - (vi) Progress notes.
- (f) Prior to beginning chelation therapy on a patient, a physician shall:
 - (i) Obtain a consent form signed by the patient indicating:

1. Pretreatment counseling in regard to possible adverse effects including pain at the injection site, thrombophlebitis, hypocalcemia, hypoglycemia, and renal failure (that may not be reversible);
 2. A signed copy must be given to the patient and a copy kept on the chart.
- (ii) Obtain a complete medical history, including a complete list of current medications and a list of all known allergies;
 - (iii) Perform a complete physical examination including vascular examination;
 - (iv) Perform vascular studies if indicated;
 - (v) Obtain a CBC, serum electrolytes, urea and creatinine, fasting blood sugar, calcium, phosphorous, total protein, albumin, ALT, bilirubin, ALP, PT, total cholesterol/HDL cholesterol, TSH, Serum digoxin level (if the patient is receiving digoxin), INR (if the patient is receiving anti-coagulants);
 - (vi) Obtain a complete urine analysis and a 24 hour urine collection for urea, creatinine and protein;
 - (vii) Record the patient's weight and blood pressure (standing and lying);
 - (viii) Obtain a recent (within three months) electrocardiogram with written interpretation and chest x-ray with written interpretation;
 - (ix) Perform pregnancy test on women of child-bearing years.
- (g) Patient Exclusion Criteria:
- (i) Renal insufficiency defined as creatinine clearance calculated by Cockcroft-Gault Formula of less than 30 mls/min. (N.B. serum creatinine is not an accurate reflection of renal function in many situations. Therapy should be based on calculation of creatinine clearance.);
 - (ii) Presence of uncontrolled heart failure;
 - (iii) Hypocalcemia (serum calcium less than 2.10, corrected for hypoalbuminemia);
 - (iv) Significant hepatic dysfunction;
 - (v) Active tuberculosis or tuberculosis treated within the last year;
 - (vi) Allergy to EDTA or the chelating agent(s) to be used;
 - (vii) Pregnancy;
 - (viii) Children
- (h) Treatment Procedures:
- (i) The EDTA shall be mixed as per protocol (as given by American College of Advancement in Medicine [ACAM]) in a specified area of clinic, mixed by one person, and properly labeled;
 - (ii) The dosage of EDTA given to a patient shall not exceed 50 mg per kg of lean body weight (not exceeding a total of 3 gm of EDTA on any single treatment) and shall be administered at a rate not exceeding 16.7 mg per kg of lean body weight per hour. ½ dose shall be given on first treatment and allergic reactions monitored;
 - (iii) The EDTA shall be given by infusion pump with a heating pad beneath the arm with the injection site;

- (iv) Blood pressure shall be monitored at time 0, 1 hour, 3 hours, and at the end of treatment. The patient's weight shall be taken pre-therapy each time. Patients with limited cardiac reserve shall be weighed pre and post treatment to detect fluid retention;
 - (v) Spot blood sugars shall be done if the patient is diabetic;
 - (vi) Physicians providing chelation to patients who are receiving anticoagulation shall frequently monitor INR times during the course of chelation therapy, or append a report from another physician to the record.
- (i) Physicians performing chelation therapy shall have available on site:
- (i) An area suitable for resuscitation;
 - (ii) Treatment chairs with the ability to lay flat for resuscitation;
 - (iii) At least one registered nurse or physician with current ACLS certification present during all phases of treatment; and
 - (iv) An emergency kit of the "crash cart" type containing the usual medical supplies and equipment required for cardiopulmonary resuscitation. This equipment shall include, as a minimum, the following:
 1. Laryngoscope with an adequate light source and fresh batteries;
 2. Airways of various sizes;
 3. An Ambu bag or its equivalent;
 4. Injectable calcium gluconate or other form of calcium suitable for intravenous use;
 5. Epinephrine, atropine and other usual resuscitative drugs;
 6. A fifty per cent solution of glucose for intravenous use and oral glucose solution;
 7. Appropriate syringes with needles;
 8. An oxygen supply with regulator equipped for emergency administration by mask or nasal catheter together with tubing for emergency connection to an Ambu bag;
 9. Airway suction equipment.
- (j) Physicians performing chelation therapy shall perform appropriate follow up tests:
- (i) The patient's renal function shall be closely monitored;
 - (ii) In patients with mild / moderate renal insufficiency (creatinine clearance as calculated by the Cockcroft-Gault Formula 80 ml/min or less), serum electrolytes, urea, creatinine shall be performed:
 1. Prior to second treatment and;
 2. Weekly for 4 weeks; and
 3. If the patient's renal status remains stable, then every two weeks until completion of therapy;
 4. 24 hour urine collection for urea, protein and creatinine shall be repeated at one month;

- (iii) In patients who have developed hypocalcemia serum calcium shall be performed after each treatment.
- (k) The standards of practice for physicians performing chelation therapy shall include any protocols relating to the safe administration of chelation therapy as may be established by the Council from time to time.
- (l) No physician shall, by any method, state or imply that chelation therapy has been approved by the College of Physicians and Surgeons or that any particular physician has been endorsed by the College to perform chelation therapy.
- (m) All physicians who wish to practise chelation therapy shall, as a condition of doing so, sign an undertaking in which they agree that:
 - (i) They will practice chelation therapy in accordance with the bylaws and protocols of the College as they exist from time to time;
 - (ii) Their practice may be subject to audit or review in accordance with the bylaws and the protocols of the College as they exist from time to time;
 - (iii) They will co-operate with any such audits or reviews;
 - (iv) They will comply with any directions of the Council made pursuant to the paragraph (o) of this bylaw; and
 - (v) The Council retains the right to revoke its authorization to practice chelation therapy if the Council concludes that chelation therapy is ineffective and/or produces unacceptable risks to patients or for any other reason should not be practiced by physicians in Saskatchewan.
- (n) The Council may at any time appoint a physician to conduct an audit of a physician's chelation practice to report whether in that physician's opinion the physician practicing chelation therapy is complying with the standards of this bylaw and any protocols which may be established by the Council from time to time.
- (o) The Council may from time to time in its sole discretion direct that the practice of a physician practicing in whole or in part chelation therapy be subject to peer review by a committee appointed for that purpose by the Council to assess the continued safety of the therapy and the ethical and competent provision of such therapy by the physician.
 - (i) This Committee will be composed of at least three people, one of whom must be a physician and one of whom must be a practitioner of chelation therapy under this bylaw or a person who is licensed to practice medicine in another jurisdiction who practices chelation therapy under the authorization of that person's local medical licensing body.
 - (ii) The physician and the practitioner of chelation therapy may be the same individual.
 - (iii) If the Committee reports to the Council that the therapy conducted by the physician does not meet appropriate standards of safety, and/or that the physician has failed to provide the therapy in an ethical and/or competent manner, the Council shall consider the report and may do one or more of the following:
 1. Require that physician to cease practicing chelation therapy;
 2. Impose restrictions on the ability of the physician to practice chelation therapy;

3. Order that the physician cease conducting chelation therapy until the Council is satisfied that any deficiency found by the Council in safety of the practice and/or the ethical and competent provision of the therapy has been rectified.
- (p) The costs of an inspection pursuant to paragraphs (n) and (o) above will be borne by the physician or physicians who were subject to inspection. In determining the amount of costs that may be chargeable to a physician in connection with such an inspection the Council may establish a formula to allocate travel costs associated with such inspections in an equitable manner among chelation facilities in Saskatchewan.
 - (q) A physician who fails to pay the costs of an inspection within a period of 60 days from the date of invoice to the physician shall have the right to practice chelation revoked.
 - (r) This bylaw applies, with any necessary changes to the practice of chelation therapy by the administration of substances other than EDTA.
 - (s) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to:
 - (i) Practice chelation therapy, otherwise than in accordance with the terms of this bylaw and the protocols which may be established from time to time by the College of Physicians and Surgeons;
 - (ii) Fail to fully co-operate with an audit or review referred to in paragraph (n) or (o) of this bylaw;
 - (iii) Practice chelation therapy in a manner inconsistent with a restriction or order made by the Council pursuant to paragraph (o)(iii) of this bylaw.
 - (t) Chelation therapy is an unproven therapy with an unproven record of safety and efficacy. The Council may review the available information from time to time and may change the standards and protocols which apply to the practice of chelation therapy and may prohibit the practice of chelation therapy if the available information indicates to the Council that this would be a prudent action.

23.1 MEDICAL RECORDS

- (a) All members of the College of Physicians and Surgeons of Saskatchewan shall keep, as a minimum requirement, the following records in connection with their practice:
 - (i) In respect of each patient a legibly written or typewritten record setting out _____ the name, address, birthdate and Provincial Health Care Number of the patient;
 - (ii) In respect of each patient contact, a legibly written or typewritten record setting out:
 1. the date that the member sees the patient;
 2. a record of the assessment of the patient which includes the history obtained, particulars of the physical examination, the investigations ordered and where possible, the diagnosis; and
 3. a record of the disposition of the patient including the treatment provided or prescriptions written by the member, professional advice given and particulars of any referral that may have been made. Prescribing information should include the name of medication, strength, dosage and any other directions for use.
- (b) The patient record should include every report received respecting a patient from another member or other health professional.
- (c) The records are to be in the English language and kept in a systematic manner.

- (d) The records must be completed in a timely manner.
- (e) The records may be made and maintained in an electronic computer system providing:
 - (i) the system provides a visual display of the recorded information;
 - (ii) the system provides a means of access to the record of each patient by the patient's name and if the person has a Provincial Health Care Number, by the health number;
 - (iii) the system is capable of printing the recorded information promptly;
 - (iv) the system is capable of visually displaying the recorded information for each patient in chronological order;
 - (v) the system maintains an audit trail that:
 - 1. records the date and time of each entry of information for each patient;
 - 2. indicates any changes in the recorded information;
 - 3. preserves the original content of the recorded information when changed or updated; and,
 - 4. is capable of being printed separately from the recorded information of each patient
 - 5. the system includes a password or otherwise provides reasonable protection against unauthorized access, and
 - 6. the system backs up files and allows the recovery of backed up files or otherwise provides reasonable protection against loss of, damage to and inaccessibility of information.
- (f) For the purpose of this paragraph the "last entry in the record" means the last entry or document received by the member which relates to the care provided by the member. A member shall retain the records required by this bylaw for six years after the date of the last entry in the record. Records of pediatric patients shall be retained until 2 years past the age of majority or for six years after the date of the last entry in the record, whichever is the later date.
- (f.1) The requirement to retain records in paragraph (f) also applies to deceased patients.
- (g) A member who ceases to practise shall:
 - (i) transfer the records to a member with the same address and telephone number; or
 - (ii) transfer the records to:
 - 1. another member practicing in the locality; or
 - 2. a medical records department of a health care facility; or
 - 3. a secure storage area with a person designated to allow physicians and patients reasonable access to the records,

after publication of a newspaper advertisement indicating when the transfer will take place.
- (h) A member who attends a patient at a hospital shall complete the medical records for which that member is responsible in accordance with the requirements of Saskatchewan legislation and regulations and the bylaws of the provincial health authority.

23.2 PRIVACY POLICY

- (a) All physicians who regularly practise in a location where there is a privacy policy have an obligation to read and be aware of the contents of that privacy policy.
- (b) All physicians who are trustees as defined by **The Health Information Protection Act** shall ensure that:
 - (i) The practice locations in which they practise have established a written privacy policy that complies with **The Health Information Protection Act**;
 - (ii) The privacy policy is reviewed on a regular basis and is amended if required; and,
 - (iii) The privacy policy is provided to all persons who have access to personal health information as defined in **The Health Information Protection Act**.
- (c) the written privacy policy referred to in paragraph (a) shall, at a minimum, address the following topics:
 - (i) Who the designated privacy officer in the practice location is;
 - (ii) The obligations of physicians and staff to protect the confidentiality and security of patient health information;
 - (iii) Policies and procedures to obtain signed confidentiality agreements from individuals who have access to patient health information;
 - (iv) Policies and procedures to restrict access to personal health information unless access is required for a purpose authorized by **The Health Information Protection Act**;
 - (v) Policies and procedures for patients to access and obtain copies of their records;
 - (vi) Policies and procedures for third parties to access and obtain copies of patient records to which they have access pursuant to **The Health Information Protection Act**;
 - (vii) Policies and procedures for the collection of personal health information;
 - (viii) Policies and procedures respecting the use of personal health information;
 - (ix) Policies and procedures respecting the disclosure of personal health information;
 - (x) Policies and procedures to protect the integrity, accuracy and confidentiality of patient health information;
 - (xi) Policies and procedures to protect against reasonably anticipated threats to the security, integrity or loss of personal health information;
 - (xii) Policies and procedures to protect against unauthorized access to or use, disclosure or modification of personal health information.

23.3 DELEGATION TO REGISTERED NURSES AND LICENSED PRACTICAL NURSES

- (a) A duly qualified medical practitioner may delegate to a Registered Nurse the following activities which are the practice of medicine as defined in the *Act*:
 - (i) Services provided by a Registered Nurse while acting as a member of a Registered Nurse Neonatal Intensive Transport Team;

- (ii) Services provided by a Registered Nurse while acting as a member of a Registered Nurse Pediatric Transport Team;
 - (iii) Services provided by a Registered Nurse while acting as a member of an Air Ambulance Team;
 - (iv) Services provided by a Registered Nurse while acting as a member of a STARS (Shock Trauma Air Rescue) team;
 - (v) The administration of laser radiation for a medical purpose, but only when the physician has first assessed the patient and established a treatment plan for the administration of laser radiation and the physician is present in the same location as the laser therapy is provided;
 - (vi) Services when acting as a surgical assistant in an operating room within a facility operated by the Saskatchewan Health Authority, or within an accredited non-hospital treatment facility if the Registered Nurse has been assessed as competent to act as a surgical assistant by the Saskatchewan Health Authority;
 - (vii) Services provided by a Registered Nurse when acting as a member of the Saskatchewan Transplant Program.
- (b) Except in the situation of an emergency, prior to delegating the authority for a Registered Nurse to perform an activity the physician must be satisfied that the individual to whom the act will be delegated has the appropriate knowledge, skill and judgment to perform the delegated act. The delegatee must be able to carry out the act as competently and safely as the delegating physician, or in the case of paragraph (a)(vi), as competently and safely as another duly qualified medical practitioner who has been granted privileges by the Saskatchewan Health Authority to act as a surgical assistant.
- (c) Except in the situation of an emergency, the authority to delegate must be provided in writing to the delegatee, and must contain:
- (i) a specific description of the activities which have been delegated;
 - (ii) any conditions or restrictions associated with the delegation (only to be exercised after prior consultation with a physician, only to be exercised if a patient has a specific medical condition, any time limitation on the delegated authority, etc.)
- (d) A delegation is only valid if the delegatee accepts the delegation.
- (e) A delegation may be revoked by the delegating physician at any time.
- (f) A physician who has delegated an activity shall retain a copy of the document which authorizes the delegation.
- (g) A delegation is only valid while the delegating physician is generally available to provide oversight and advice to the delegatee. If the physician who has delegated the activity no longer has oversight responsibility for the delegated activity, the delegation is no longer valid.
- (h) A physician delegating an activity pursuant to this bylaw must provide the appropriate level of supervision to ensure that the act is performed properly and safely.
- (i) A duly qualified medical practitioner may delegate to a Licensed Practical Nurse the authority to inject agents which have an effect on or elicit a response from living tissue (bioactive agents), but only when the physician has first assessed the patient and established a treatment plan for the injection.

- (j) The provisions of paragraphs (b) through (h) apply to a delegation to a Licensed Practical Nurse

23.4 DELEGATION TO DULY QUALIFIED LASER TECHNICIANS

- (a) A duly qualified medical practitioner may delegate to a duly qualified laser technician the administration of laser and light-based technologies for a medical purpose, but only when the physician has assessed the indications and potential contraindications for each patient. The physician must personally assess each patient undergoing invasive laser or light-based procedures including ablative laser skin resurfacing or vascular procedures. The physician must be available to attend at the same location as the laser or light-based therapy is provided should circumstances arise where they are required to assist non-physician providers or to manage misadventure or complications arising from the procedure. "Available to attend" in this context means that:
- (i) A policy must be in place for emergent complications, including but not limited to anaphylaxis, allergic reaction or acute embolic event, and the authorized non-physician providers present must be appropriately trained to recognize emergent complications;
 - (ii) In the event of an urgent or semi-urgent complication, the physician most responsible for care must be available to attend within a reasonable time consistent with the nature of the complication.
- (b) If the physician most responsible for care is not available to attend as defined, there must be arrangements in place to ensure the availability of an equally competent physician to attend.
- (c) Prior to delegating the authority for a laser technician to perform an activity the physician must be satisfied that the individual to whom the act will be delegated has the appropriate knowledge, skill and judgement to perform the delegated act. The delegatee must be able to carry out the act as competently and safely as the delegating physician.
- (d) The authority to delegate must be provided in writing to the delegatee, and must contain:
- (i) a specific description of the activities which have been delegated;
 - (ii) any conditions or restrictions associated with the delegation.
- (e) A delegation is only valid if the delegatee accepts the delegation.
- (f) A delegation may be revoked by the delegating physician at any time.
- (g) A physician who has delegated an activity shall retain a copy of the document which authorizes the delegation.
- (h) A delegation is only valid while the delegating physician is generally available to provide oversight and advice to the delegatee. If the physician who has delegated the activity no longer has oversight responsibility for the delegated activity, the delegation is no longer valid.
- (i) A physician delegating an activity pursuant to this bylaw must provide the appropriate level of supervision to ensure that the act is performed properly and safely.

23.5 PROVIDING DIRECTIVES TO REGISTERED NURSES AUTHORIZING THE INJECTION OF BIOACTIVE AGENTS

- (a) A duly qualified medical practitioner ("physician") may provide a directive authorizing a Registered Nurse to assess a patient/client for suitability to receive an injection of a bioactive agent, to make a decision

whether providing an injection of a bioactive agent is appropriate, and/or to inject a patient/client with a bioactive agent, only if all of the requirements of this bylaw are met.

- (b) The scope of practice of the physician must include the ability to assess patients/clients for suitability to receive injections of bioactive agents and to administer bioactive agents.
- (c) The physician must be satisfied that the Registered Nurse who will be providing services associated with bioactive agents has the appropriate knowledge, skill and judgment and is able to carry out the services as competently and safely as the physician.
- (d) The physician must provide a written directive setting out the specific services which the Registered Nurse is authorized to provide, and any requirements for supervision by a physician.
- (e) The directive must be provided to the Registered Nurse and the physician must retain a copy of the directive.
- (f) The directive must have a date after which the directive is no longer valid, cannot be effective for more than one year, and may be revoked by the physician at any time.
- (g) The physician must be generally available to provide oversight and advice to the Registered Nurse who is providing services associated with bioactive agents.
- (h) If the physician no longer has oversight responsibility for the services associated with bioactive agents, they must revoke any directive granted.
- (i) The physician must be familiar with the expectations of the College of Registered Nurses of Saskatchewan related to Registered Nurses providing services associated with bioactive agents, and must be satisfied that the Registered Nurse's practice will be consistent with those expectations.
- (j) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to provide a directive to a Registered Nurse authorizing the injection of bioactive agents unless the requirements of this bylaw are met.

23.6 ORDERING OR SUPPLYING BIOACTIVE AGENTS FOR ADMINISTRATION BY ANOTHER PERSON

- (a) A duly qualified medical practitioner ("physician") may only order or supply agents which have an effect on or elicit a response from living tissue (bioactive agents) for administration by another person if:
 - i. the scope of practice of the physician includes the ability to assess patients/clients for suitability to receive injections of bioactive agents and to administer bioactive agents; and
 - ii. the person who will administer the bioactive agent has received a directive under bylaw 23.5; or
 - iii. the person who will administer the bioactive agent has been authorized to administer bioactive agents under bylaw 23.3; or
 - iv. the person who will administer the bioactive agent is a registered healthcare practitioner whose scope of practice includes assessing patients for suitability to receive injections of bioactive agents and administering bioactive agents.
- (b) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to order or supply bioactive agents for administration by another person unless the requirements of this bylaw are met.

24.1 REPORTING OF BLOOD-BORNE VIRUSES

- (a) All persons licensed by the CPSS shall comply with the requirements of the CPSS Policy “Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students” as it existed on March 19, 2021 (the “Policy”).
- (b) All persons licensed by the CPSS who perform or assist in performing exposure prone procedures, as defined in the Policy, must know their serological status for blood-borne viruses prior to performing or assisting in performing exposure prone procedures.
- (c) All persons licensed by the CPSS who perform or assist in performing exposure prone procedures, as defined in the Policy, must undergo routine testing for blood-borne viruses as specified in the Policy.
- (d) All persons licensed by the CPSS who perform or assist in performing exposure prone procedures and who test positive for a blood-borne virus, shall immediately notify the Registrar or Registrar’s designate of that information. This includes all medical students, residents and post-graduates registered on the educational register.
- (e) All persons licensed by the CPSS and who are seropositive for a blood-borne virus must only perform or assist in performing exposure prone procedures when their health and viral loads make it safe to do so.
- (f) Applicants for a licence who have tested positive for a blood-borne virus, and who wish to perform or assist in performing exposure prone procedures, shall report that information on their application form.
- (g) All persons licensed by the CPSS who are infected with a blood-borne virus must have a treating physician.
- (h) All seropositive persons licensed by the CPSS who have reported to the Registrar or Registrar’s designate as referenced in (d) and (f) above will be referred to the Physician Health Program (PHP) of the Saskatchewan Medical Association. These individuals are required to comply with the PHP’s instructions pertaining to the monitoring of their medical condition and restrictions on their training and/or practice.
- (i) All persons licensed by the CPSS have an ethical responsibility to report to the Registrar or Registrar’s designate another person licensed by the CPSS who is seropositive, who performs or assists in performing exposure prone procedures, and who has not self-reported to the CPSS.

25.1 OPERATION OF DIAGNOSTIC IMAGING FACILITIES IN THE PROVINCE OF SASKATCHEWAN

(a) **Preamble**

The following bylaw has been developed to ensure the provision of an acceptable quality patient care in diagnostic imaging. This document indicates conditions that must exist in any diagnostic imaging facility, whether fixed or portable to allow a physician to:

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

Diagnostic imaging facilities themselves are acknowledged to be outside the jurisdiction of the College. The standards must, however, be met by a diagnostic imaging facility for a health care professional to have a professional relationship with the facility.

The medical acts to be covered by these provisions would include all procedures involving diagnostic imaging and all interpretation of images including, but not limited to radiography, CT scanning,

nuclear medicine, magnetic resonance imaging, all imaging applications of ultrasound including echocardiography, and other medical imaging procedures which may be developed in the future.

Imaging facilities may perform, as long as there is no other legal exclusion, imaging acts at the request of a physician, dentist, chiropractor, enhanced skill nurse or registered midwife duly licensed to practise in the province of Saskatchewan.

All physicians working in these facilities shall conform to the CMA Code of Ethics and other ethical standards adopted by the College of Physicians & Surgeons of Saskatchewan.

Nothing in this bylaw requires a physician to perform medical imaging services when, in the opinion of that physician, it would be medically inappropriate to do so.

No physician shall perform or report radiological examinations unless the physician is licensed by the College of Physicians and Surgeons of Saskatchewan and restricts their practice to radiology, or a specialty discipline in which they have the appropriate qualifications to perform or report selective diagnostic imaging examinations.

All physicians shall, as a condition of performing diagnostic imaging procedures in an imaging facility or interpreting diagnostic images rendered or obtained in an imaging facility, fulfill the credits for the Maintenance of Certification and Continuing Professional Development programs for specialists of the Royal College of Physicians and Surgeons of Canada as required by the Royal College.

(b) **Definitions**

ACMI - The Advisory Committee on Medical Imaging, established in the College's administrative bylaws.

(i) ARDMS – American Registry of Diagnostic Medical Sonographers

(ii) CLXT – Combined Laboratory and X-ray Technicians

(iii) Cardiac Laboratory – a facility whose primary purpose is to provide echocardiographic examinations

(iv) Comprehensive MRI facility – a MRI facility which performs a full scope of MRI imaging

(v) Comprehensive Nuclear Medicine facility – a Nuclear Medicine facility which performs a full scope of Nuclear Medicine procedures

(vi) "Diagnostic Imaging Facility" – any facility that performs diagnostic imaging of any type; including radiography, fluoroscopy, ultrasound, CT, MRI, mammography, and other imaging modalities that may be developed in the future.

(vii) "Invasive Cardiologist" – a specialist physician who is trained in performing and interpreting cardiac angiography as required by the Canadian Cardiovascular Society.

(viii) Limited MRI facility – a MRI facility which performs MRI imaging limited to specific organs, regions of the body or bodily systems

(ix) Limited Nuclear Medicine facility – a Nuclear Medicine facility which performs Nuclear Medicine procedures limited to a specialty of medicine other than radiology or nuclear medicine

(x) "Nuclear Medicine Facility" – any facility that performs diagnostic and/or therapeutic nuclear medicine procedures.

(xi) "Nuclear Medicine Physician" – a physician who is certified in nuclear medicine by the Royal College of Physicians and Surgeons of Canada.

(xii) "Physician with Practice Restricted to Radiology (Physician PRR)" – a physician who:

1. is certification eligible with the Royal College of Physicians and Surgeons of Canada in diagnostic radiology; or
 2. is a physician who was practising diagnostic radiology in Saskatchewan on June 1, 2001; or
 3. has specialty qualifications in diagnostic radiology which have been recognized by the College of Physicians and Surgeons of Saskatchewan as entitling the physician to a licence to practise diagnostic radiology; or
 4. is a physician who was granted a special licence to practise radiology under subsection 30(3) of the Act and remains licensed to practise diagnostic radiology.
- (xiii) "Radiologist" – a physician who is certified in diagnostic radiology by the Royal College of Physicians and Surgeons of Canada.
- (xiv) "Radiology Facility" – those facilities that employ ionizing radiation.
- (xv) "Specialist Ultrasonographer" – an ultrasonographer who practises in a sub-specialty field of ultrasonography
- (xvi) "Ultrasonologist" – a physician who:
1. is certified by the Royal College of Physicians and Surgeons of Canada in the specialty pertaining to the imaging being performed; or,
 2. is certification eligible in the specialty pertaining to the imaging being performed; or,
 3. is licensed by The College of Physicians and Surgeons of Saskatchewan to practise in the specialty pertaining to the imaging being performed and has completed an approved period of training in an ultrasound centre.
- (xvii) "Ultrasound" – an acoustic energy at frequencies above the range of human hearing used for medical diagnosis. Simple Doppler units that are used solely for purpose of detection of fetal cardiac activity or volume of urine in the bladder are excluded from these standards.
- (xviii) "Ultrasonographer" – a technologist who performs ultrasonography.
- (xix) "Ultrasonography or Sonography" – a method of investigation using ultrasound to produce a graphic or other display of the part of the body being examined.

(c) **The Director of a Diagnostic Imaging Facility**

- (i) The owner(s) of a private diagnostic imaging facility or the provincial health authority that operates a public facility, or any other imaging facility, shall cause the appointment of a Director who shall be a Radiologist, a physician PRR or a specialist who has completed a period of training which meets the current requirements of the Royal College of Physicians and Surgeons of Canada pertaining to the imaging modality being performed. The director shall meet the requirements of this bylaw for interpreting the modalities of diagnostic imaging utilized in that facility.
- (ii) The owner(s) of an ultrasound facility which performs a limited range of ultrasound shall appoint a Director who meets the requirements of paragraph (i) or a physician approved by the Advisory Committee on Medical Imaging of the College of Physicians and Surgeons of Saskatchewan as having appropriate training and experience pertaining to the imaging modality being performed.

- (iii) At a minimum, all Directors shall be responsible for the following, which may be in addition to other obligations contained herein:
1. the day to day operation of the facility;
 2. providing continuous adequate and effective direction and supervision of personnel and the medical service performed;
 3. ensuring that:
 - (1) the facility maintains the standards in this bylaw of the College of Physicians and Surgeons of Saskatchewan and the standards of any other applicable Provincial and Federal authority;
 - (2) the procedures employed in the facility are selected and performed in accordance with current accepted medical practice;
 - (3) the facility complies with legal and ethical requirements for medical records, including access, confidentiality, retention and storage of medical records;
 - (4) the facility complies with the bylaws and ethical requirements with respect to the propriety and accuracy of advertising, promotion and other marketing activities for medical services provided in the facility;
 - (5) the owner of the facility does not enter into an agreement whereby the payment of rental consideration for the lease of office space, management services, or for equipment required for the practice of medicine is calculated or based on a percentage of the professional income derived from the practice of medicine;
 - (6) the facility is eligible for assistance from the Canadian Medical Protective Association with respect to all medical care provided at the facility or the facility maintains insurance coverage with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence against liability from professional negligence in patient care;
 - (7) adequate consideration is given to the design and operation of the facility to protect personnel of the facility, patients and the public from unnecessary radiation. Part V of **The Saskatchewan Employment Act** requires that all ionizing radiation facilities obtain prior plan approval from the Radiation Safety Unit, Saskatchewan Ministry of Labour Relations and Workplace Safety;
 - (8) all radiation equipment installed in the facility meets the requirements of Health Canada's Radiation Emitting Devices Act and Regulations;
 - (9) all personnel who routinely participate in radiological procedures are issued with personal dosimeters for monitoring their radiation exposure and these are used in accordance with Provincial and Federal guidelines;
 - (10) all ionizing radiation equipment in the facility is operated by qualified individuals;
 - (11) all ionizing radiation equipment in the facility is adequately maintained and has the required number of Safety Preventive Maintenance inspections as per section 14 of **The Radiation Health and Safety Regulations, 2005**;
 - (12) a current quality assurance procedures manual is maintained, all provisions therein are carried out and proper documentation kept;

- (13) all personnel of the facility are familiar with Part V of **The Saskatchewan Employment Act** and **The Radiation Health and Safety Regulations, 2005** and that adequate resources are provided so that all requirements of the Act and Regulations will be complied with;
 - (14) the personnel of the facility are familiar with **The Health Information Protection Act** and that the facility will comply with the obligations of a trustee under that Act.
4. informing the College of Physicians & Surgeons of ownership, directorship or technical supervision of the facility, qualifications of technical staff, or any change thereof;
 5. providing notification of any major addition, replacement or modification of any equipment at the facility to the College of Physicians and Surgeons of Saskatchewan;
 6. attending at the facility at a minimum of one day per quarter to inspect the facility and meet with the administrative team to review operations, standards and quality assurance;
 7. establishing dedicated time for their medical director responsibilities based upon the needs of the facility and being generally available for all matters pertaining to the facility;
 8. reviewing, signing, and returning to the College an annual declaration prepared by the College confirming that they are aware of their responsibilities as set out in this bylaw and are compliant with the same.
- (iv) The Physician Director shall ensure that the imaging facility does not:
1. establish criteria for referral of patients to the facility other than those required by clinical considerations; in accordance with Bylaw 9.1(f);
 2. function to increase its profitability at the expense of sound medical practice;
 3. perform imaging investigations which contravene the standards;
 4. use unqualified personnel;
 5. use substandard equipment or obsolete equipment as defined for each modality.

(d) General Requirements

(i) Ultrasound Facilities:

1. Types of Ultrasound Facilities:
 - (1) Restricted: Perform examinations pertaining to a particular recognized medical specialty.
 - (2) Comprehensive: Perform general ultrasound within limitations related to the training of the operator.
2. Records of Examination:
 - (1) Reporting: All ultrasound examinations shall be reported promptly to the referring physician by the Ultrasonologist performing or interpreting the ultrasound examination. Where a physician other than a radiologist performs or interprets ultrasound examinations on his/her own patients, a complete record of the results of this examination must be included in the patient record.

The Ultrasonologist shall ensure that Ultrasonographers do not provide interpretations of ultrasound results to physicians or patients.

- (2) Records: Written reports and archival image records sufficient to support the report must be retained in accordance with the College bylaw regarding records.

3. Training Standards:

The Director of an ultrasound imaging facility shall ensure that:

- (1) Ultrasonographers working in the facility have completed the required course of study in ultrasonography, have passed the ARDMS or Sonography Canada examination, and maintain the required number of continuing medical education credits in accordance with the Sonography Canada CME Policy.

A. Notwithstanding paragraph (1) above, the Director of an ultrasound facility may permit an ultrasonographer who has completed a training course in ultrasonography accredited by or registered with the Canadian Medical Association or Accreditation Canada through the EQual Canada program and who has not previously practised ultrasonography in Saskatchewan to work in the facility for a period of not more than 12 months.

B. Until an ultrasonographer employed pursuant to paragraph (1) A. has passed the ARDMS or Sonography Canada examination, they must practise under the supervision of an ultrasonographer employed pursuant to paragraph (1) and/or the Director.

- (2) Specialist Ultrasonographers working in the facility have passed the ARDMS or Sonography Canada examination in that specialty and maintain the required number of continuing medical education credits in accordance with the Sonography Canada CME Policy;

A. Notwithstanding paragraph (2) above, the Director of an ultrasound facility may permit an ultrasonographer who has completed a training course in a specialty of ultrasonography accredited by or registered with the Canadian Medical Association or Accreditation Canada through the EQual Canada program who has not previously practised in a specialty of ultrasonography in Saskatchewan to work in the facility for a period of not more than 12 months.

B. Until a specialist ultrasonographer employed pursuant to paragraph (2) A. has passed the ARDMS or Sonography Canada examination in that specialty, they must practise under the supervision of a specialist ultrasonographer employed pursuant to paragraph (2) and/or the Director.

- (3) Technologists performing echocardiography in the facility must fulfill the requirements of the ARDMS or Sonography Canada;

- (4) The physician performing and/or interpreting ultrasound studies must be:

A. For a restricted facility: an ultrasonologist as defined under the Interpretation section of the bylaws. The required period of training shall be as set for each discipline by the Council of the College of Physicians and Surgeons as:

Obstetrician/Gynecologists – 3 months

Ophthalmologists – 'A' mode - no special training

'B' mode - 3 months

Cardiologists – 6 months (1 year for directors of a cardiology laboratory)

Vascular Sonologists – 3 months

Neurosonologists (Transcranial) – 3 months
Urologists – 3 months

A physician whose practice of ultrasound is limited to performing a specialized area of ultrasound which is not included in the criteria of these bylaws and who has been approved by the Advisory Committee on Medical Imaging of the College of Physicians and Surgeons of Saskatchewan as having appropriate training and experience to perform that specialized area of ultrasound.

- B. For a comprehensive facility: a Radiologist or Physician PRR who has completed an approved period of training in ultrasound.

4. Equipment:

The Director of the facility shall ensure that:

- (1) The equipment used for ultrasound examinations is appropriate for the specific type of examination performed. This stipulation includes the required use of appropriate high frequency transducers for "small parts" ultrasound examinations;
- (2) All active ultrasound equipment is inspected by a duly qualified service technician trained in the application, performance characteristics and repair of the specific equipment software and the archival imaging systems on a schedule recommended by manufacturer's instructions;
- (3) 'A' mode ophthalmic ultrasound units are calibrated daily, while 'B' mode units are inspected annually by a qualified service technician trained in the application, performance characteristics and repair of the specific equipment software and the archival imaging systems.

5. Procedures:

The Director of the facility shall ensure that:

- (1) A policy and procedure manual shall outline the minimum ultrasound examination techniques required, and shall follow section 34 of *The Radiation Health and Safety Regulations, 2005* in accordance with Canadian Association of Radiologists (CAR) or College guidelines, where applicable;
- (2) An ultrasonologist is on-site at the facility for consultation, supervision and interpretation for all of the ultrasound examinations. Real time video linkage is deemed to be the same as having on-site supervision. An acceptable alternative to being on-site is the capacity to generate and transmit dynamic diagnostic images and to have direct communication between the ultrasonologist and the technologist at the time to guide the examination;

(ii) **Radiology Facilities:**

1. In addition to meeting the general responsibilities for directors of Diagnostic Imaging Facilities a director of a radiology facility shall:
 - (1) ensure that all physicians who interpret images taken in the facility meet the requirements of this bylaw; and,
 - (2) ensure that all technologists and technicians practicing in that facility meet the requirements of this bylaw.

2. Records of Examination:

- (1) Reporting: The Director of the facility shall ensure that all examinations are reported promptly by a radiologist or Physician PRR, except in the following situation:

Where radiologic examinations are performed by a specialist other than a radiologist as part of the accepted function of that specialty and where traditionally a report from a radiologist has not been made (e.g. cardiac catheterization performed and reported by cardiologists).

- (2) Records: Archival image records sufficient to support the report for each examination should be kept for 6 years and the written reports of each examination must be kept in accordance with College bylaws regarding records.

3. Training Standards – Physicians:

- (1) Physicians performing and/or interpreting radiology examinations shall be:

- A. certified in radiology by the Royal College of Physicians and Surgeons of Canada or a Physician PRR; or,
- B. non-radiologists who are certified in their specialty by the Royal College of Physicians and Surgeons of Canada and have completed the current training requirements of the Royal College of Physicians and Surgeons related to diagnostic imaging in that specialty;
- C. have been licensed by the College of Physicians and Surgeons of Saskatchewan to practise a specialty and have completed the current training requirements of the Royal College of Physicians and Surgeons related to the required training in that specialty.

4. Training Standards – Technicians and Technologists

- (1) CLXTs may be employed in a radiological facility, provided the examinations they perform are restricted to those examinations for which they have been formally trained as outlined in the syllabus of training for the Combined Laboratory & X-ray Technology Program;
- (2) Technologists working in a radiological facility shall be members in good standing with the Saskatchewan Association of Medical Radiation Technologists (SAMRT), hold a current full practicing license or restricted practicing license in accordance with **The Medical Radiation Technologists Act, 2006** and SAMRT Regulatory Bylaws and be authorized by SAMRT to use the title "Radiation Technologist"

5. Equipment:

The Director of the facility shall ensure that:

- (1) A demonstrable Continuous Quality Improvement program is developed and maintained and that policies and procedures are in place that allow for problem resolution. This would include, but is not limited to:
- A. processing;
 - B. equipment repair/review mechanism;
 - C. densitometry/sensitometry.

- (2) Image quality (including image generation and viewing monitors/screens) is up to the current acceptable standards;
- (3) Ionizing radiation equipment used in the facility are of the quality and type appropriate to imaging procedures performed at the facility;
- (4) Equipment and associated apparatus meet the standards required by Part V of **The Saskatchewan Employment Act** and **The Radiation Health and Safety Regulations, 2005** as well as the requirements of the **Radiation Emitting Devices Act** and regulations.

6. Procedures:

The Director of the facility shall ensure that:

- (1) A policy and procedure manual shall outline minimum examination techniques required; and shall follow section 16 of **The Radiation Health and Safety Regulations, 2005** in accordance with Canadian Association of Radiologists (CAR) or College guidelines, where applicable;
- (2) Where radiological examinations/procedures require the direct involvement of a physician, these should be performed by a Radiologist or Physician PRR, except where performed by other specialists as part of the accepted practice of the specialty.

(iii) **MRI Facilities:**

1. Director of an MRI facility:

- (1) In addition to meeting the general requirements for directors of Diagnostic Imaging Facilities a director of an MRI facility or department shall be:
 - A. a physician who holds a Regular licence and is fully trained and qualified in MRI; and
 - B. on-site at the MRI facility or department for a minimum of 20% of the studies performed each month in that institution.
- (2) In addition to meeting the general responsibilities for directors of Diagnostic Imaging Facilities a director of an MRI facility or department shall:
 - A. ensure that a radiologist with full or limited accreditation in MRI is on-site for a majority of the studies performed each day in the facility; and
 - B. ensure that a radiologist with full or limited accreditation in MRI is available in person or by telephone for all of the studies performed each day in the facility; and
 - C. ensure that a physician is on-site for any injected medications or contrast media; and
 - D. approve all MRI imaging protocols that are performed in the department; and
 - E. ensure that all physicians who practise in an MRI facility meet the requirements of this bylaw; and
 - F. ensure that all technologists practising in that unit meet the requirements of this bylaw.

2. Training Standards – Physicians:

- (1) In this section, all training, in order to meet the requirements, must occur in a minimum of two-week blocks within a span of not more than 2 years.

- (2) A physician who interprets MRI studies performed in a Comprehensive MRI Facility shall:
- A. be a radiologist certified by the Royal College of Physicians and Surgeons of Canada; or
 - B. be certification eligible in radiology with the Royal College of Physicians and Surgeons of Canada; or
 - C. be fully qualified as a radiologist by a certification authority whose certification standards are, in the opinion of the Advisory Committee on Medical Imaging, similar to the certification standards of the Royal College of Physicians and Surgeons of Canada; and
 - D. be licensed to practise in Saskatchewan; and
 - E. have completed 6 months of MRI training approved by the Royal College of Physicians and Surgeons of Canada under the supervision of a radiologist fully accredited in MRI; or
 - F. have completed 3 months of MRI training approved by the Royal College of Physicians and Surgeons of Canada under the supervision of a radiologist fully accredited in MRI, and have spent twelve months of active practice in an accredited facility; and
 - G. have provided a letter from the program director or the director of the MRI facility that attests to the physician's competence in the performance of MRI.
- (3) A physician who interprets MRI studies performed in a Limited MRI Facility shall:
- A. be a radiologist certified by the Royal College of Physicians and Surgeons of Canada; or
 - B. be certification eligible in radiology with the Royal College of Physicians and Surgeons of Canada; or
 - C. be fully qualified as a radiologist by a certification authority whose certification standards are, in the opinion of the Advisory Committee on Medical Imaging, similar to the certification standards of the Royal College of Physicians and Surgeons of Canada; and
 - D. be licensed to practise in Saskatchewan; and
 - E. have completed 3 months of MRI training in an accredited teaching facility approved by the Royal College of Physicians and Surgeons of Canada under the supervision of a radiologist fully accredited in MRI; and
 - F. have provided a letter from the program director or the director of the MRI facility that attests to the physician's competence in the performance of MRI.
- (4) A physician who has not regularly interpreted MRI studies during the past three years shall not interpret MRI studies unless the physician has previously met the requirements of this bylaw to interpret MRI studies, the physician has completed a minimum of 4 weeks (20 days) of retraining in a training facility authorized to train residents or fellows in MRI and the physician has provided a letter from the program director and/or MRI director attesting to the physician's competence in MRI;

- (5) A physician who has not regularly interpreted MRI studies during the past five years shall not interpret MRI studies unless the physician has previously met the requirements of this bylaw to interpret MRI studies, the physician has completed a minimum of 8 weeks (40 days) of retraining in a training facility authorized to train residents or fellows in MRI and the physician has provided a letter from the program director and/or MRI director attesting to the physician's competence in MRI.

3. Training Standards – Technologists

- (1) Technologists working in a MRI facility shall be members in good standing with the Saskatchewan Association of Medical Radiation Technologists (SAMRT), hold a current full practicing license or restricted practicing license in accordance with **The Medical Radiation Technologists Act, 2006** and *SAMRT Regulatory Bylaws* and be authorized by SAMRT to use the title "Magnetic Resonance Technologist".

(iv) Nuclear Medicine Facilities:

1. Director of a Nuclear Medicine Facility:

- (1) The director of a Nuclear Medicine facility or department shall be:
 - A. a Nuclear Medicine physician who is fully approved by the Advisory Committee on Medical Imaging in Nuclear Medicine; and
 - B. on-site at the Nuclear Medicine facility or department for a minimum of 25% of the studies performed each month in that facility.
- (2) The director of a Nuclear Medicine facility or department shall:
 - A. ensure that a Nuclear Medicine physician who meets the requirements of this bylaw is on-site or available to view images of the studies performed each day in the facility, and
 - B. ensure that a physician or other licensed health professional who the director has determined has appropriate skills and knowledge is on-site for any injected medications; and
 - C. approve all Nuclear Medicine imaging protocols that are performed in the department; and
 - D. ensure that all physicians who practise in the facility meet the requirements of this bylaw; and
 - E. ensure that all Nuclear Medicine technologists practising in that unit meet the requirements of this bylaw.

2. Training Standards – Physicians

- (1) A physician who performs Nuclear Medicine Procedures in a Comprehensive Nuclear Medicine Facility shall:
 - A. be a Nuclear Medicine Physician certified by the Royal College of Physicians and Surgeons of Canada; or

- B. be certification eligible in Nuclear Medicine with the Royal College of Physicians and Surgeons of Canada. The candidate must obtain certification in Nuclear Medicine with the Royal College of Physicians and Surgeons of Canada within 3 years of eligibility and,
 - C. be licensed to practise in Saskatchewan.
- (2) A physician who performs Nuclear Medicine Procedures in a Limited Nuclear Medicine Facility shall:
- A. be certified by the Royal College of Physicians and Surgeons of Canada in a discipline in which Nuclear Medicine training is relevant to the practice of that discipline; and,
 - B. have completed a minimum of two years training in Nuclear Medicine, and
 - C. limit the physician's practice of Nuclear Medicine to within the scope of the discipline in which the physician was trained.
- (3) A physician who has not regularly performed nuclear medicine procedures during the past three years shall not perform nuclear medicine procedures unless the physician has previously met the requirements of this bylaw to perform nuclear medicine procedures, the physician has completed a minimum of 4 weeks (20 days) of retraining in a training facility authorized to train residents or fellows in nuclear medicine and the physician has provided a letter from the program director and/or Nuclear Medicine director attesting to the physician's competence in Nuclear Medicine, or
- (4) A physician who has not regularly performed nuclear medicine procedures during the past five years shall not perform nuclear medicine procedures unless the physician has previously met the requirements of this bylaw to perform nuclear medicine procedures, the physician has completed a minimum of 8 weeks (40 days) of retraining in a training facility authorized to train residents or fellows in nuclear medicine and the physician has provided a letter from the program director and/or Nuclear Medicine director attesting to the physician's competence in Nuclear Medicine.
3. Training Standards – Technologists:
- (1) Technologists working in a Nuclear Medicine facility shall be members in good standing with the Saskatchewan Association of Medical Radiation Technologists (SAMRT), hold a current full practicing license or restricted practicing license in accordance with **The Medical Radiation Technologists Act, 2006** and *SAMRT Regulatory Bylaws and be authorized by SAMRT to use the title "Nuclear Medicine Technologist"*

(v) CT Facilities

1. The Director of a CT facility:
- (1) In addition to meeting the general responsibilities for Directors of Diagnostic Imaging Facilities, a Director of a CT facility or department shall:
- A. be a physician who holds a Regular licence and is fully trained and qualified in CT;
 - B. ensure that a radiologist who is fully trained and qualified in CT is on-site for a majority of the studies performed each day in the facility; and,
 - C. ensure that a radiologist who is fully trained and qualified in CT is available in person or by telephone for all of the studies performed each day in the facility; and,

- D. ensure that a physician is on site for any injected medications or contrast media; and
 - E. approve all CT imaging protocols that are performed in the department; and
 - F. ensure that all physicians who practice in a CT facility meet the requirements of this bylaw; and
 - G. ensure that all technologists practising in that unit meet the requirements of this bylaw.
2. Training Standards - Physicians
- (1) In this section, all training, in order to meet the requirements, must occur in a minimum of two week blocks within a span of not more than two years.
 - (2) A physician who interprets CT studies performed in a Comprehensive CT facility shall:
 - A. be a radiologist certified by the Royal College of Physicians and Surgeons of Canada; or
 - B. be certification eligible in radiology with the Royal College of Physicians and Surgeons of Canada: or
 - C. be fully qualified as a radiologist by a certification authority whose certification standards are, in the opinion of the Advisory Committee on Medical Imaging, similar to the certification standards of the Royal College of Physicians and Surgeons of Canada;

and

 - D. be licensed to practise in Saskatchewan; and
 - E. have completed six months of CT training in a teaching program approved by the Royal College of Physicians and Surgeons of Canada; or
 - F. have completed three months of CT training in a teaching program approved by the Royal College of Physicians and Surgeons of Canada and has spent 12 months of active practice in an accredited facility; and
 - G. have provided a letter from the program director or the Director of the CT facility that attests to the physician's competence in the performance of CT.
 - (3) A physician who has not regularly interpreted CT studies during the past three years shall not interpret CT studies unless the physician has previously met the requirements of this bylaw to interpret CT studies, the physician has completed a minimum of four weeks (20 days) of training in a training facility authorised to train residents or fellows in CT and the physician has provided a letter from the Program Director and/or CT director attesting to the physician's competence in CT.
 - (4) A physician who has not regularly interpreted CT studies during the past five years shall not interpret CT studies unless the physician has previously met the requirements of this bylaw to interpret CT studies, the physician has completed a minimum of eight weeks (40 days) retraining in a training facility authorised to train residents or fellows in CT and the physician has provided a letter from the Program Director and/or CT director attesting to the physician's competence in CT.
3. Training Standards -Technologists

- (1) Technologists working in a CT facility shall be members in good standing with the Saskatchewan Association of Medical Radiation Technologists (SAMRT), hold a current practising license or restricted practising license in accordance with The Medical Radiation Technologists Act, 2006 and SAMRT regulatory bylaws.

4. ALARA (As Low As Reasonably Achievable) considerations:

As in all imaging, care must always be taken to ensure the patient receives the lowest radiation dose possible. The Director and/or interpreting physician must be familiar with all of the recent dose reduction strategies.

5. Equipment

- (1) CT scanner and control equipment must undergo preventative maintenance and calibration in accordance with manufacturers' guidelines.
- (2) In studies requiring dynamic contrast injection, injector preparation and use should only be performed by technologists trained and certified to use injectors, and should use appropriate safety settings. Care should be taken to only use injection rates within the capacity of the IV access device (butterfly, cathalon, PIC etc), and strategies should be in place to avoid injection of air. Particular care should be taken with contrast volumes and injection rates for pediatric patients. Occasionally, in these and older patients, manual contrast injection may be appropriate.

(e) Specific Examinations

(i) Contrast Studies:

1. Studies involving the use of intravenous contrast agents shall be done under the following conditions:
 - (1) IVPs should be performed by Medical Radiation Technologists and may be performed by CLXTs only in an emergency situation, as defined by the CLXT syllabus of study;
 - (2) If the facility has no tomographic capabilities, IVPs should only be performed in the diagnosis of acute renal colic;
 - (3) Contrast studies for IVP other than in emergency situations will be carried out under the direct supervision of a radiologist or Physician PRR;
 - (4) Facilities performing studies requiring intravenous contrast administration when a radiologist is not present to supervise the study shall have a written protocol for:
 - A. the amount/type/speed of contrast media administered;
 - B. the number of images that should be taken and at what time.
 - (5) When intravascular contrast is administered, emergency resuscitation equipment and drugs must be available for treatment of contrast reactions and a radiologist or other physician trained in emergency resuscitation must be immediately available on-site for not less than 30 minutes following the injection;

- (6) Contrast studies using intravascular iodinated contrast agents shall **not** be performed using ionic or high osmolality agents except where clinically indicated.

(ii) **Fluoroscopic Procedures:**

1. All use of fluoroscopic equipment shall be by:
 - (1) a radiologist or Physician PRR; or
 - (2) other specialist performing procedures particular to their specialty under the supervision of a radiologist; or
 - (3) a technologist where designated appropriate by a supervising radiologist; or
 - (4) those specialists in cardiology who have received the requisite training and credentialing in invasive cardiology.
2. Fluoroscopy must not be used as a substitute for radiography nor solely for positioning a patient for radiographic examination, except where this has been authorized for a specific patient by a radiologist or Physician PRR prior to the examination.
3. For fluoroscopic procedures, a record of fluorotime shall be kept for each patient.

(iii) **Mammography Facilities:**

1. Mammography centres must have Canadian Association of Radiologists (CAR), or American College of Radiologists (ACR) accreditation, or be accredited by a body approved by the Advisory Committee on Medical Imaging.
2. Mammography centers shall adhere to mammographic practice guidelines established by CAR.
3. The following clarifications to the CAR guidelines are made:
 - (1) Screening Mammography in the 50-69 year age group is provided by the Screening Program for Breast Cancer;
 - (2) Mammographers shall meet the CAR standards for mammography or have received special approval from the Advisory Committee on Medical Imaging.

(iv) **Bone Densitometry:**

1. The Director of the facility shall be certified by the International Society for Clinical Densitometry or such other program as is approved by the Advisory Committee on Medical Imaging; and
2. The Director of a facility where bone densitometry is performed shall:
 - (1) ensure that all physicians who practise in the facility meet the requirements of this bylaw
 - (2) ensure that all technologists practising in that unit meet the requirements of this bylaw
3. Training standards - physicians
 - (1) Bone Densitometry investigations shall be performed under the supervision of and interpreted by physicians who are:

- A. certified by the Royal College of Physicians and Surgeons of Canada in Nuclear Medicine or are certified by the Royal College of Physicians and Surgeons of Canada in Radiology; or,
- B. be certification eligible in Nuclear Medicine or Radiology with the Royal College of Physicians and Surgeons of Canada; or,
- C. be fully qualified as a Nuclear Medicine specialist or a Radiologist by a certification authority whose certification standards are, in the opinion of the Advisory Committee on Medical Imaging, similar to the certification standards of the Royal College of Physicians and Surgeons of Canada; and,
- D. Have two weeks documented training in bone densitometry in a teaching center recognized by the Royal College of Physicians and Surgeons of Canada.

4. Training standards - technologists

(1) Technologists who perform the technical component of bone densitometry shall:

- A. be members in good standing with the Saskatchewan Association of Medical Radiation Technologists (SAMRT) and hold a current full practicing license or restricted practicing license in accordance with **The Medical Radiation Technologists Act, 2006** and *SAMRT Regulatory Bylaws*; and
- B. *have obtained two weeks of formal training in the use of bone densitometry in a dedicated bone densitometry unit.*

(v) **Interventional Radiology:**

1. For the purposes of this bylaw, the following interventional radiology procedures are type "A" procedures:

- Central Venous Access
- Percutaneous Drainage of fluid collections
- Percutaneous Biopsy

2. For the purpose of this bylaw, all other interventional radiology procedures including, but not limited to, the following procedures are type "B" procedures:

- Angiography
- Biliary Interventions
- Fallopian Tube Catheterization
- IVC Filter Placement
- Intravascular Stents
- Percutaneous Atherectomy
- Percutaneous Biliary Endoprosthesis
- Percutaneous Fluoroscopic Fallopian Tube Catheterization
- Percutaneous GI Intervention
- Percutaneous Nephrostomy

- Percutaneous Transluminal Angioplasty
- Regional Thrombolysis
- Therapeutic Embolization
- Ureteral Stents
- Transjugular Intrahepatic Portosystemic Shunts (TIPS)
- Endoluminal Stent Grafting

3. Training standards

- A. *Type "A" interventional radiology procedures may be performed by a Diagnostic Radiologist, or a Physician PRR who has received a minimum of three months of training in interventional radiology.*
- B. *Type "B" procedures may be performed by a Diagnostic Radiologist or a Physician PRR who has received a minimum of six months of training in interventional radiology.*
- C. *Diagnostic and therapeutic coronary angiography may be performed by an Invasive Cardiologist who has received residency and fellowship training as recommended by the Canadian Cardiovascular Society.*
- D. *Physicians who limit their practice to a recognized specialty may perform interventional radiology procedures consistent with the accepted standards of practice of the discipline in which they practise.*

(f) Professional Conduct

- (i) It is unbecoming, improper, unprofessional or discreditable conduct for a member, except in the case of an emergency, to perform imaging procedures in an imaging facility or interpret diagnostic images rendered or obtained in an imaging facility, or to refer patients to an imaging facility, unless the diagnostic imaging facility meets the standards of this bylaw.
- (ii) Notwithstanding paragraph (i) above, it is not unbecoming, improper, unprofessional or discreditable conduct for a member, other than a director of a diagnostic imaging facility, to do any of the acts enumerated in paragraph (i) above if, at the time of such conduct, the member was unaware of the breach by the medical imaging facility and had exercised reasonable diligence to ensure that the facility met the standards of the bylaw.
- (iii) It is unbecoming, improper, unprofessional or discreditable conduct for a Director to fail to meet the obligations of a Director as outlined in this bylaw.

(g) Quality Assessment Program

- (i) All physicians who work in a diagnostic imaging facility, including physicians who practice teleradiology, will co-operate in the ACMI quality assessment program.
- (ii) All physicians who perform medical ultrasound must participate in an appropriate quality assurance program that meets the minimum standards of the ACMI.
- (iii) Where the Imaging Committee has formed the opinion that a physician has refused to co-operate in the quality assessment program, the name of the physician and information pertaining to the perceived lack of co-operation shall be forwarded to the Council of the College.

(h) Other Provisions

- (i) Notwithstanding anything in paragraphs (a) to (g) above, nothing in paragraphs (a) to (g) above applies to a diagnostic imaging facility that is operated by the provincial health authority or the Saskatchewan Cancer Agency.
- (ii) Notwithstanding anything in paragraphs (a) through (g) above, a physician who, prior to the coming into force of this bylaw, performed diagnostic imaging procedures in a diagnostic imaging facility or interpreted diagnostic images rendered or obtained in an imaging facility, may continue to perform the diagnostic procedures that the physician performed, or interpret the diagnostic images that the physician interpreted on the date that this bylaw came into effect even if that physician does not meet the qualifications that are outlined in paragraphs (a) through (g) above. However, nothing in this paragraph shall entitle a physician who does not meet the qualifications in paragraphs (a) through (g) above to:
 - 1. Perform any form of imaging procedure or interpret types of diagnostic images that the physician did not perform or interpret on the date that this bylaw came into effect;
 - 2. Perform any form of imaging procedure in or interpret a diagnostic image from an imaging facility that does not meet the requirements of this bylaw, other than requirements relating to the qualification of the physician; or
 - 3. Perform any form of imaging procedure or interpret types of diagnostic images if the physician does not meet the ongoing education and training requirements of this bylaw.
- (iii) Notwithstanding anything in paragraphs (a) through (g) above, a physician whose postgraduate training has been taken in a country other than Canada, and who meets all of the requirements of this bylaw other than the requirement that the physician has met the training requirements of the Royal College of Physicians and Surgeons of Canada pertaining to the imaging modality being performed, the Advisory Committee on Medical Imaging may approve a physician to perform or interpret an imaging modality if:
 - 1. The physician provides proof to the satisfaction of the Advisory Committee on Medical Imaging that the training taken by the physician in that imaging modality is equivalent in scope, duration, quality and in expected performance to training approved by the Royal College of Physicians and Surgeons of Canada; or
 - 2. The physician provides proof to the satisfaction of the Advisory Committee on Medical Imaging that the physician has undergone an assessment of the physician's skill and knowledge pertaining to the imaging modality and the Advisory Committee on Medical Imaging has concluded that the physician has proved that the physician possesses skill and knowledge pertaining to that imaging modality which is expected of a physician who has successfully completed a program of training in that imaging modality approved by the Royal College of Physicians and Surgeons of Canada.
- (iv) A physician who seeks approval under (iii) above is responsible to pay all costs associated with the review by the Advisory Committee on Medical Imaging and any assessment of the physician's skill and knowledge.

26.1 OPERATION OF NON-HOSPITAL TREATMENT FACILITIES IN THE PROVINCE OF SASKATCHEWAN

- (a) The following bylaw has been developed to ensure the provision of quality patient care in non-hospital treatment facilities. This bylaw sets out conditions that must exist in a non-hospital treatment facility which is subject to the terms of this bylaw to allow a physician to:
 - (i) perform procedures in that facility; or
 - (ii) provide anaesthesia procedures in that facility; or
 - (iii) refer patients to that facility.
- (b) Treatment facilities themselves are acknowledged to be outside the jurisdiction of the College. The standards established in this bylaw must, however, be met by a non-hospital treatment facility for a physician to have a professional relationship with the facility.
- (c) In this bylaw:
 - (i) the terms "deep", "major", and "complicated" refer to procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care in Saskatchewan;
 - (ii) "Certificate of approval" means a certificate granted by the council indicating that the facility meets the standards for procedures set forth herein, and which specifies a time period and any conditions of such approval;
 - (iii) "Committee" means the Health Care Facility Credentials Committee of the College of Physicians and Surgeons of Saskatchewan;
 - (iv) "Critical incident" means an incident that occurs in a facility and is listed or described as a critical incident in the **Saskatchewan Critical Incident Reporting Guideline**, 2004 published by the department of health, as amended from time to time, or any subsequent edition of the Saskatchewan Critical Incident Reporting Guideline
 - (v) "Director" means the member who is appointed pursuant to Sections (i), (j) and (k) of this bylaw;
 - (vi) "Facility" means a non-hospital facility for the performance of medical/surgical procedures;
 - (vii) "Physician" means a person licensed to practise medicine in Saskatchewan;
 - (viii) "Procedure" means the medical/surgical procedures carried out in the facility.
 - (ix) "Assisted Reproduction Technology Procedures" mean the following:
 1. controlled ovarian hyperstimulation, other than through the use of clomiphene
 2. intrauterine insemination
 3. therapeutic donor insemination
 4. oocyte retrieval
 5. in vitro fertilization and embryo transfer
 6. intracytoplasmic sperm injection
 7. embryo cryopreservation

8. oocyte donation
 9. gestational surrogacy
 10. procedures which are necessary for preimplantation genetic diagnosis or screening, including blastomere and trophoctoderm biopsy.
- (x) "Assisted Reproduction Technology Facility" means a facility in which one or more Assisted Reproduction Technology Procedures are performed.
- (d) A physician shall not perform the following procedures in a non-hospital treatment facility:
- (i) management of major complications such as haemorrhage, organ or organ system failure or metabolic derangement;
 - (ii) post-operative circulatory or respiratory support;
 - (iii) continuous monitoring of vital signs beyond the period of recovery from anaesthetic;
 - (iv) procedures under general anaesthetic on patients less than eighteen months of age;
 - (v) procedures on the contents of the retroperitoneal space;
 - (vi) procedures on the contents of the cranium;
 - (vii) procedures on the contents of the thorax;
 - (viii) any procedure lacking the approval of the Council for that facility.
- (e) a non-hospital treatment facility is one in which any of the following are performed:
- (i) the use of drugs which are intended or which may induce general anaesthesia or sedation requiring the monitoring of vital signs, including all uses of intravenously administered sedatives or narcotics, except in emergency circumstances;
 - (ii) the use of drugs by injection which are intended or may induce a major nerve block, or spinal, epidural, or intravenous regional block;
 - (iii) surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs and other life-threatening complications or requiring sterile precautions to prevent blood-borne, deep, closed cavity or implant-related infections;
 - (iv) Hyperbaric oxygen therapy;
 - (v) Cardiac exercise stress testing;
 - (vi) Hemodialysis;
 - (vii) one or more Assisted Reproduction Technology Procedures.
 - (viii) Notwithstanding anything contained in this bylaw 26.1, a physician who seeks to provide medical care which involves the use of drugs which are intended or may induce sedation requiring the monitoring of vital signs may apply to the College for an exemption from the requirement that the facility be approved as a nonhospital treatment facility to utilize such drugs.

- (ix) The College may grant an exemption under paragraph (viii) subject to any terms and conditions and may require the physician to provide an undertaking to the College related to the request for the exemption.
- (f) without limiting the generality of the foregoing, a non-hospital treatment facility is one in which any of the following surgical or endoscopic procedures are performed:
- (i) DERMATOLOGY
1. Liposuction to a maximum of five (5) litres total aspirate
 2. Lipolysis by percutaneous application of any form of energy
 3. Mohs micrographic surgery
- (ii) GENERAL SURGERY
1. Upper gastrointestinal endoscopy with or without biopsy
 2. Colonoscopy or flexible sigmoidoscopy with or without biopsy or minor polypectomy
 3. Simple mastectomy
 4. Segmental resection of breast and sentinel node biopsy
 5. Resection of large or deep soft tissue lesions
 6. Deep lymph node biopsies – up to but not including full axillary dissection
 7. Inguinal hernia repair, including femoral
 8. Minor abdominal wall hernia repair, including umbilical hernia repair
 9. Varicose vein ligation and stripping
 10. Hemorrhoidectomy beyond simple single excision
 11. Trans-anal excision of rectal polyps
 12. Laparoscopic procedures
 - Diagnostic
 - Biopsies – peritoneal
 - Laparoscopic Adjustable Gastric Band procedures
 13. Endovenous laser sclerotherapy
- (iii) GYNAECOLOGY
1. Perineoplasty not requiring extensive dissection
 2. Marsupialization of Bartholin cysts
 3. Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control
 4. Dilatation and curettage of uterus
 5. Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance regulation

6. Cystoscopy
7. Minimally invasive incontinence procedures: injectables, percutaneous slings
8. Laparoscopy with minor surgical interventions:
 - Diagnostic
 - Tubal sterilization
 - Aspiration of cysts
 - Minor adhesiolysis
 - Diathermy for endometriosis (AFS Stages I and II)
 - Abortions
9. Tumescant anterior and posterior vaginal repair

(iv) OPHTHALMOLOGY

1. Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on:
 - the cornea (including ring segment implants, keratotomies, LASIK and corneal transplant)
 - the lens and implants
 - the iris
 - the sclera
 - the vitreous
2. Eyelid procedures requiring implants or dissection of the orbital septum or beyond.
3. Lacrimal procedures requiring incision into the nasal passages.
4. Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:
 - orbital tumor excision
 - insertion of an implant
 - enucleation/evisceration with or without implant
 - socket reconstruction requiring implant, transplant or exposure of bone, other than Minor anterior orbital procedures
5. Strabismus procedures
6. Rheopheresis

(v) ORTHOPEDIC SURGERY

1. ARTHROSCOPY
 - diagnostic
 - repair and reconstruction of ligaments
 - meniscectomy, meniscal repair and arthroplasty

- excision meniscal cysts, loose bodies and foreign bodies
2. AMPUTATION
 - finger through MCP or IP joints, hand
 - toe – through TP or IP joints foot
 - single ray amputation hand or foot
 3. ARTHRODESIS
 - hand and wrist
 - foot and ankle
 4. ARTHROPLASTIES
 - acromio-clavicular and sterno-clavicular joints
 - radial head arthroplasty
 - wrist and hand joints
 - foot
 5. OSTEOTOMIES
 - hand/wrist/foot/ankle
 6. REPAIR RECURRENT DISLOCATION/LIGAMENT RECONSTRUCTION
 - shoulder
 - elbow
 - wrist
 - hand
 - knee
 - ankle and foot
 7. TENDONS OR MUSCLES – REPAIR/TRANSPLANT/TRANSFER
 - transfers repairs and transplants at or distal to elbow or knee
 - decompression/repair rotator cuff at shoulder
 8. FASCIA/TENDON SHEATH
 - plantar fasciotomy/fasciectomy of hand or foot
 - release or excision Dupuytren's contracture
 - excision of minor hand tumors including ganglions
 - carpal tunnel release
 - excision tendon sheaths: wrist, forearm or hand
 9. ARTHROTOMY/SYNOVECTOMY

- shoulder
- elbow
- wrist and hand
- knee
- ankle and foot
- excision Baker's cyst

10. EXCISION BURSAE & GANGLION

11. MUSCULO-SKELETAL TUMORS

- biopsy of peripheral tumors
- needle biopsy only of tumors of the spine
- excision of minor tumors

12. DISLOCATIONS

- open reduction acromio-clavicular joint
- closed or open reduction of joints of upper extremity
- closed reduction of dislocated total hip
- closed or open reduction of patello-femoral joint
- closed or open reduction of ankle, hindfoot, midfoot or forefoot

13. FRACTURES: UPPER EXTREMITIES

- closed and open reduction clavicle, humerus, radius/ulna, wrist and hand
- closed reduction of scapula

14. FRACTURES: LOWER EXTREMITIES

- closed and open reduction of patella, fibula, ankle and foot
- closed reduction of tibia

15. OTHER

- single level lumbar discectomy and/or decompression – uncomplicated
- procedures listed under podiatric surgery
- removal of hardware including plates, pins, screws, nails and wires
- peripheral nerve surgery – repairs, decompression or grafts
- saucerization
- sequestrectomy
- joint manipulation under general anesthesia or intravenous sedation

- harvesting of bone graft

16. EXTENDED STAY PROCEDURES

- Hip arthrotomy and primary arthroplasty (including total joint replacement)
- Knee arthrotomy and primary arthroplasty – (including total joint replacement)
- Tibial osteotomy
- Shoulder arthrotomy and primary arthroplasty – (including total joint replacement)
- Lumbar posterior spinal fusion – not exceeding two disc-space levels
- Lumbar spinal laminectomy – not exceeding two disc-space levels
- Ankle arthrotomy and primary arthroplasty (including total joint replacement)

(vi) OTOLARYNGOLOGY

1. Deep biopsy of the nasopharynx
2. Deep excision of intraoral papilloma
3. Major excision of lip, nasal, ear or neck lesions
4. Lip shave procedures
5. Major partial glossectomy limited to anterior 2/3 of tongue
6. Adenoidectomy
7. Rigid laryngoscopy
8. Rigid trans-oral nasopharyngoscopy
9. Complete esophagoscopy – flexible only
10. Complete bronchoscopy – flexible only
11. Caldwell Luc procedure
12. Intranasal antrostomy
13. Intranasal complete ethmoidectomy
14. Turbinate resection
15. Sphenoidotomy
16. Nasal septum reconstruction
17. Nasal septum submucous resection
18. Nasal polypectomy in conjunction with complete ethmoidectomy
19. Rhinoplasty
20. Complicated nasal fractures
21. Biopsies of the parotid beyond needle aspiration or sampling the tail of the gland
22. Excision of submandibular gland

23. Excision of sublingual gland
 24. Otoplasty
 25. Complicated myringoplasty
 26. Dissection of neck beyond the platysma muscle
 27. Deep cervical node biopsy
 28. Endoscopic soft-tissue surgery
 29. Uvulopalatopharyngoplasty via radiofrequency ablation
 30. Palatoplasty via radiofrequency ablation
 31. Subcapsular tonsillectomy via radiofrequency ablation
 32. Base of tongue ablation via radiofrequency ablation
 33. Soft palate implants
- (vii) PLASTIC SURGERY
1. SKIN AND SUBCUTANEOUS TISSUE
 - Excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply.
 - Grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids.
 - Liposuction to a maximum of 5 litres total aspirate.
 - Lipolysis by percutaneous application of any form of energy
 2. HEAD AND NECK
 - Grafts and flaps as above except where there is a significant risk of airway compromise requiring post-operative or overnight monitoring.
 - Eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty)
 - Browlift, facelift (rhytidectomy), necklift
 - Nose (SMR, rhinoplasty, turbinectomy, reduction of fractures)
 - Ears (otoplasty)
 - Genioplasty
 3. BREAST
 - Reduction mammoplasty
 - Augmentation mammoplasty
 - Mastopexy
 - Mastectomy without chest wall, muscle or axillary node dissection
 - Capsulotomy and capsulectomy

- Gynecomastia surgery
 - Reconstruction of breast or nipple
4. ABDOMEN
- Repair of abdominal wall hernia
 - Abdominoplasty not requiring overnight monitoring of blood or third space fluid loss.
5. OTHERS
- Tendon – repairs, transfers or grafts
 - Peripheral nerve – repairs, decompression or grafts
 - Muscle – flaps or repairs.
 - Fascia – flaps, decompression or excision
 - Bone – biopsies, fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures
 - Joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ
 - Minor treatment of surgical complications such as hematoma or wound separation

(viii) UROLOGY

1. Inguinal canal surgery
 2. Open procedures on scrotal contents
 3. Penile procedures up to but not including implants
 4. Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair
 5. Minimally invasive incontinence procedures, including injectables and percutaneous slings
 6. Cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction
- (g) A physician shall not perform a procedure in a non-hospital surgical facility unless the procedure is one that will safely allow the discharge of a patient from medical care in the facility within 12 hours of completion of the surgical procedure.
- (h) Notwithstanding paragraph (g), the Council may approve the provision of specified surgical procedures at a facility which is approved for that purpose by the Council where patients undergoing such procedures require medically supervised post-operative care exceeding twelve (12) hours.

Medical Director of a Non-Hospital Treatment Facility

- (i) The owner(s) of a non-hospital treatment facility shall cause the appointment of a Director who shall be a member.
- (j) The Director shall be responsible for:
 - (i) the day to day operation of the facility;
 - (ii) instituting and maintaining an adequate quality assurance program;

- (iii) providing continuous adequate and effective direction and supervision of personnel and the medical service performed;
- (iv) providing evidence of a satisfactory initial inspection and any subsequent inspection(s) as required by the Council;
- (v) ensuring that:
 1. the facility maintains the standards in this bylaw of the College of Physicians and Surgeons of Saskatchewan and the standards of any other applicable Provincial and Federal authority;
 2. the procedures employed in the facility are selected and performed in accordance with current accepted medical practice;
 3. a quality assurance procedure manual is developed and maintained for guidance of the medical staff and inspection by the College;
 4. all provisions in the on-going quality assurance procedures manual are carried out and proper documentation kept;
 5. the facility complies with legal and ethical requirements for medical records, including access, confidentiality, retention and storage of medical records;
 6. the facility complies with the bylaws and ethical requirements with respect to the propriety and accuracy of advertising, promotion and other marketing activities for medical services provided in the facility;
 7. the owner of the facility does not enter into an agreement whereby the payment of rental consideration for the lease of office space, management services, or for equipment required for the practice of medicine is calculated or based on a percentage of the professional income derived from the practice of medicine;
 8. the fees and expenses to be paid to the College pursuant to this bylaw are paid within the time required, including all fees for any registration, initial or annual, and inspections of the facility;
 9. no procedures are conducted in the facility unless the facility has been granted a subsisting accreditation by the Council;
 10. the facility does not operate in contravention of any conditions or restrictions imposed in the Certificate of Approval or operate while its Certificate is suspended.
 11. the facility is eligible for assistance from the Canadian Medical Protective Association with respect to all medical care provided at the facility or the facility maintains insurance coverage with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence against liability from professional negligence in patient care.
 12. the personnel of the facility are familiar with **The Health Information Protection Act** and that the facility will comply with the obligations of a trustee under that Act.
 13. any Registered Nurse to whom a duly qualified medical practitioner delegates the role of surgical assistant in an operating room has been assessed as competent to act as a surgical assistant by the Saskatchewan Health Authority, has the appropriate knowledge, skill and judgment to perform the delegated act, and must be able to carry out the act as competently

and safely as another duly qualified medical practitioner who has been granted privileges by the Saskatchewan Health Authority to act as a surgical assistant.

14. if the facility is an Assisted Reproduction Technology Facility, the facility complies with the standards established by the College for such facilities.
 - (vi) informing the College of Physicians & Surgeons of any change or proposed change of Medical Director, ownership, directorship or technical supervision of the facility or qualifications of technical staff;
 - (vii) providing notification of any major addition, replacement or modification of any equipment at the facility to the College of Physicians and Surgeons of Saskatchewan.
 - (viii) promptly notifying the College of Physicians and Surgeons of Saskatchewan of any critical incident that occurs at the facility, and cooperating with any College investigation of the incident.
 - (ix) attending at the facility at a minimum of one day per quarter to inspect the facility and meet with the administrative team to review operations, standards and quality assurance;
 - (x) establishing dedicated time for their medical director responsibilities based upon the needs of the facility and being generally available for all matters pertaining to the facility;
 - (xi) reviewing, signing, and returning to the College an annual declaration prepared by the College confirming that they are aware of their responsibilities as set out in this bylaw and are compliant with the same.
- (k) The Physician Director shall ensure that the facility does not:
- (i) establish criteria for referral of patients to the facility other than those required by clinical considerations;
 - (ii) contravene the conflict of interest provisions of the College bylaws;
 - (iii) function to increase its profitability at the expense of sound medical practice;
 - (iv) perform procedures which contravene this bylaw;
 - (v) use unqualified personnel.

Certificates of Approval

- (l) The Director shall apply to the College for a Certificate of Approval, on a form approved by the College, and shall provide the information requested by the College.
- (m) The Director shall, with the application for a Certificate of Approval, pay the fees established by the Council and, in addition, an amount which the College estimates will be sufficient to pay the expenses incurred by the College for inspections, honoraria to assessors or Committee members, and all other expenses.
- (n) The Committee or its designate may inspect a facility to determine if a Certificate of Approval should be granted to the facility.
- (o) Each Certificate of Approval shall contain an expiry date for the approval.
- (p) At least 60 days prior to the expiry date of the approval, the Director shall apply to the College for renewal of the Certificate of Approval, on a form approved by the College, and shall provide the information requested by the College.

- (q) The Director shall, with the application for renewal of the Certificate of Approval, pay the fees established by the Council and, in addition, an amount which the College estimates will be sufficient to pay the expenses incurred by the College for inspections, honoraria to assessors or committee members, and all other expenses.
- (r) The Committee or its designate may inspect a facility to determine if a renewal of the Certificate of Approval should be granted to the facility.
- (s) Each renewal of the Certificate of Approval shall contain an expiry date for the approval.
- (t) Each Certificate of Approval or renewal of a Certificate of Approval shall state the procedures that may be performed in the facility.
- (u) In deciding whether to grant or refuse a Certificate of Approval, the Council may consider any matter that it considers relevant and, in particular, whether the facility meets the standards expected of a public hospital for the types of procedures intended to be performed at the facility, and whether the facility has provided proof of coverage against liability from professional negligence in patient care.
- (v) A Certificate of Approval may be granted subject to conditions or restrictions, which shall be stated in the Certificate of Approval. Such conditions may include a statement of the deficiencies that must be corrected in which case the facility must provide a report confirming that deficiencies have been addressed within a period specified in the Certificate of Approval.
- (w) In deciding whether to grant or refuse a Certificate of Approval, if the facility is an Assisted Reproduction Technology Facility, the Council may consider whether the facility complies with the standards established by the College for such facilities.
- (x) The Registrar may grant an interim Certificate of Approval, valid until the next opportunity for the Council to consider an application for the issuance or renewal of a Certificate of Approval. An interim Certificate of Approval may be subject to any of the conditions or restrictions set out in paragraph (v).

Granting Physician Privileges

- (y) Physicians desiring privileges to perform procedures in a facility, or to provide care in a facility, or to provide anaesthesia in a facility shall apply in writing to the Director of the facility indicating the specific procedural privileges being applied for.
- (z) The application of the physician seeking privileges shall be on a form approved by the College and shall include details of the privileges currently held in facilities in Saskatchewan together with details of the number of similar procedures performed during the past year and/or related past experience.
- (aa) The application shall include the names of two references who can be consulted as to the skills, knowledge and suitability of the physician to perform such procedures.
- (bb) The Director shall forward a copy of the application to the College together with an assessment of the suitability of the facility to support such procedures and the suitability of the physician to perform such procedures in the facility.
- (cc) The Committee shall consider the application and make recommendations to the Council.
- (dd) The decision of the Council shall be forwarded to the physician applying for privileges and the Director.
- (ee) Temporary approval may be made by the Registrar of the College.
- (ff) Reapplication for privileges shall be made annually to the Director and shall be dealt with in the same manner as the initial application for privileges.

- (gg) In deciding whether to grant or refuse such privileges, the Council may consider any matter that would be relevant in an application for privileges in a facility operated by the provincial health authority in Saskatchewan.
- (hh) Where a physician's privileges in the provincial health authority have been removed, restricted or suspended by the provincial health authority, or where a physician has agreed to resign or restrict his or her privileges in the provincial health authority, the Registrar may remove, restrict or suspend the privileges granted to that physician to work in a facility in a similar manner.
- (ii) Where, after providing the physician with a reasonable opportunity to present relevant information on his or her behalf, the Registrar has formed the opinion that a physician's conduct, performance or competence exposes or is likely to expose a patient to harm or injury or is reasonably likely to be detrimental to the delivery of quality patient care, the Registrar may remove, restrict or suspend the privileges granted to that physician to work in a facility.
- (jj) A physician who does not have privileges approved by Council for a particular procedure shall not perform that procedure in a facility.

Inspection and Audits

- (kk) Where the Council or the Executive Committee receives information indicating that the conditions at a facility pose a risk to patient safety, it may direct an inspection of a facility to determine whether a facility's Certificate of Approval should be amended, suspended or revoked.
- (ll) Any such inspection may include any or all of the following:
 - (i) Inspection of the premises and all equipment located therein;
 - (ii) Inspection of all records pertaining to the provision of medical services and providing copies of the same if so requested;
 - (iii) Providing information requested by persons conducting the assessment in respect of the provision of medical services in the facility in such form requested by persons conducting the assessment;
 - (iv) Providing on request samples or copies of any material, specimen, or product originating from the medical service provided by the facility;
 - (v) Answering questions posed by the persons conducting the assessment as to procedures or standards of performance and if requested providing copies of records relating to procedures followed and standards of performance applied in the facility;
 - (vi) Providing to the persons conducting the assessment copies of all documents and information relating to business arrangements involving the practice of medicine conducted in the facility. The production of documents and information may include lease arrangements, management agreements, records of advertising and agreements for the provision of medical services.
- (mm) The costs of such an inspection will be borne by the facility or the member in question.
- (nn) The Director shall permit the Council, the Committee, or its designate right of access to the facility at all reasonable times for the purpose of conducting an audit or review of the procedure undertaken in that facility.

Suspension, Revocation or Amendment of Certificates of Approval

- (oo) Where access to the facility for an inspection or audit is refused, or where the information or documents requested in such an assessment is not provided, the Council may amend, suspend or revoke the Certificate of Approval.
- (pp) The Council may revoke a Certificate of Approval, suspend a Certificate of Approval or impose conditions or restrictions on a Certificate of Approval at any time during the period specified on the Certificate of Approval if, in the opinion of the Council, such action is warranted by:
 - (i) a failure to comply with the bylaws,
 - (ii) a failure to comply with conditions or restrictions in the Certificate of Approval,
 - (iii) a failure to comply with the standards for operation of such facilities,
 - (iv) an unacceptable patient outcome at a facility,
 - (v) a risk to patient care or safety.
- (qq) Before acting under paragraph (pp), the Council or the Registrar shall inform the facility or the medical director by notice in writing of the information which may result in the Council taking such action and provide an opportunity for the facility or the medical director to provide information in writing to the Council.
- (rr) If the Registrar considers that action is required to protect the public before Council acts under paragraphs (pp) and (qq) the Registrar may take any of the actions under paragraph (pp).
- (ss) If the Registrar concludes that immediate action is necessary to protect the public interest, the Registrar may immediately take one of the actions under paragraph (pp) without notice to the medical director or the facility, but shall give the medical director or facility an opportunity for the medical director or facility to provide information in writing. If such information is provided the Registrar shall consider the information and reconsider what action, if any, should be taken under paragraph (pp)
- (tt) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to perform a procedure in a facility, or to provide care in a facility, or to provide anaesthesia in a facility:
 - (i) if that facility does not have a valid and subsisting Certificate of Approval; or
 - (ii) if such action would be inconsistent with any conditions or restriction in a Certificate of Approval.
- (uu) It is unbecoming, improper, unprofessional or discreditable conduct for a Director to fail to meet the obligations of a Director as outlined in this bylaw;
- (vv) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to refuse to allow Council, the Committee or its designate access to a facility.
- (ww) Paragraphs (tt), (uu), and (vv) do not apply if the discipline hearing committee concludes that the physician exercised due diligence to ensure compliance with the requirements of this bylaw.
- (xx) Notwithstanding anything in paragraphs (a) to (ww) above, nothing in paragraphs (a) to (ww) above applies to a non-hospital treatment facility that is operated by the provincial health authority or the Saskatchewan Cancer Agency.

Publication of Information Pertaining to Non-Hospital Treatment Facilities

- (yy) The College will make information about Non-Hospital Surgical Facilities publicly available. The information will include the following information:
 - (i) The name of the facility and address of the facility in the College records;

- (ii) The date of inspections of the facility;
- (iii) The outcome of inspections of the facility;
- (iv) The procedures which the facility has been approved to perform;
- (v) Any limitations or conditions contained in the certificate of approval.

26.2 INFECTION CONTROL IN MEDICAL CLINICS

- (a) The following bylaw has been developed to ensure that clinics in which members practise are subject to review to ensure that they comply with infection control guidelines, to protect patients from unnecessary risk of transmission of disease and to provide recommendations, where appropriate, related to infection control.
- (b) In this bylaw "premises" means a location where a member practises medicine, and which is subject to a review under paragraph (d).
- (c) In this bylaw "assessor" means a person or persons appointed to perform a review under paragraph (d).
- (d) If the Registrar receives information that, in the Registrar's opinion, indicates that there may be a risk to patient health due to inadequate infection control measures in a location where a member practises medicine, the Registrar may appoint one or more persons to review the premises and the infection control measures used in the premises and report whether appropriate infection control measures are in place.
- (e) The assessor appointed pursuant to paragraph (d) may make any inspection, investigation or inquiry that the assessor considers necessary, which may include any or all of the following:
 - (i) Reviewing records of the premises related to infection control;
 - (ii) Interviewing members who practise at the premises related to infection control;
 - (iii) Interviewing staff who work at the premises related to infection control;
 - (iv) Conducting a review of the infection control practices;
 - (v) Conducting a physical examination of the premises, including a review of any equipment within the premises;
 - (vi) Removing any documents or equipment from the premises if, in the opinion of the assessor, that is necessary for the purpose of the inspection;
 - (vii) Copying any documents, including any documents in electronic form, if, in the opinion of the assessor, that is necessary for the purpose of the inspection;
 - (viii) Testing any equipment and taking any samples for the purpose of testing.
- (f) An inspection may be conducted with, or without, notice to members who practise at the premises.
- (g) Every member shall co-operate fully in a review of the premises, which co-operation shall include:
 - (i) allowing assessors to enter and inspect the premises; and
 - (ii) allowing assessors to have access to inspect all books, records, correspondence and other documents or electronic data related to infection control, including the right to make copies thereof; and,

- (iii) providing all information requested by the assessor.
- (h) The assessor will provide a report to the Registrar related to the infection control measures in the premises. Such a report may include recommendations for improvement of infection control measures in the premises.
- (i) The Registrar may require any member who practises at the premises to provide a report to the Registrar related to implementation of recommendations from the assessor. Such a report must be provided within a time that is established by the Registrar.
- (j) The Registrar may direct a further review of the premises and the infection control measures used in the premises and, if such a review is directed, paragraphs (a) through (i) apply to such further review.
- (k) It is unbecoming, improper, unprofessional or discreditable conduct for a member to fail to fully cooperate with a review.
- (l) If, in the opinion of the Registrar, there is or has been a significant risk to the health of patients or the public disclosed by the inspection, the Registrar will notify Public Health.

PART 7 –ADVERTISING

27.1 ADVERTISING

- (a) In this bylaw:
 - (i) “Advertising” or “advertisement” includes any communication made orally, in print, through electronic media or via the internet (including websites and social media), by or on behalf of a physician, to the public where its substantial purpose is to promote the physician, the physician’s services, or the clinic or group where the physician practises or with which the physician is associated.
 - (ii) “Inducement” means anything that persuades or influences someone to do something.
 - (iii) “Medical service” includes a service provided by a physician or an individual under the direction or authority of a physician and includes cosmetic services of the types commonly provided by medspas.
 - (iv) “Practice interest” means areas within a physician’s scope of practice they concentrate on and/or have a special interest in (e.g., gynecology, obstetrics, surgery).
- (b) A physician or clinic may make information about the physician and services provided or the clinic and the services it provides available to any patient, potential patient, or the public generally, subject to the limitations contained herein.
- (c) A physician or clinic may participate in or donate services to charitable endeavors.
- (d) A physician who is responsible for an advertisement must ensure the information provided:
 - (i) conforms to the *Code of Ethics & Professionalism*;
 - (ii) contains factual information about the nature of the practice;
 - (iii) is accurate, clear and explicitly states all pertinent details of an offer, with disclaimers as prominent as other aspects of the message;
 - (iv) is supported by current, best-available medical evidence; and,

- (v) is compatible with the best interests of the public and upholds the reputation of the medical profession.
- (e) Advertising, promotion, and other marketing activities must be in good taste, accurate, demonstrably true and not capable of misleading the public. Any conduct, either directly or indirectly or through any medium or agent that:
- (i) misrepresents facts;
 - (ii) makes statements which are not statements of fact or makes statements that cannot be proven to be accurate by the physician or clinic;
 - (iii) compares either directly, indirectly or by innuendo, the physician's services or ability with that of any other practitioner or clinic, or promises or offers more effective service or better results than those available elsewhere;
 - (iv) deprecates another physician or clinic as to service, ability or fees;
 - (v) creates an unjustified expectation about the results the physician can achieve;
 - (vi) is made under any false or misleading guise, or takes advantage, either physical, emotional, or financial of any patient or uses coercion, duress or harassment;
 - (vii) is undignified, in bad taste or otherwise offensive so as to be incompatible with the best interests of the public or physicians licensed under the Act or tends to harm the standing of the medical profession generally;
 - (viii) contains any reference to a specific drug, appliance or equipment; or
 - (ix) takes advantage of a person or persons who are vulnerable
- is to be strictly avoided as such conduct is contrary to the interest of the public and the profession.
- (f) Notwithstanding paragraph (e)(iii), a physician may advertise in a manner which promises or offers more effective services or better results than those available from another provider only if the physician has first substantiated the accuracy of the information to the satisfaction of the Registrar based on publicly available information.
- (g) A physician must not:
- (i) disclose the name or identifying features of a patient unless the physician has obtained the patient's prior written consent to use the information for advertising purposes;
 - (ii) offer any inducement to the patient in return for using the information for advertising purposes; or,
 - (iii) permit or authorize disclosure of any information about a patient unless the physician believes that information is accurate.
- (h) In addition to complying with the other expectations in this bylaw, physicians must only use before and after photos or videos in advertising where the photos or videos:
- (i) are for the purpose of providing accurate and educational information;
 - (ii) portray an outcome that can reasonably and typically be expected;
 - (iii) depict an actual patient who received the advertised medical service from the physician associated with the advertisement;

- (iv) are not manipulated to misrepresent the results of the medical service;
 - (v) have consistent lighting, pose, photographic techniques, and setting to maintain a standardization of images;
 - (vi) only depict a patient who has been de-identified, unless the patient has specifically consented to being identified; and
 - (vii) are included alongside a statement that the outcome or results depicted are not guaranteed, and may vary between patients.
- (i) Physicians must not display before and after photos or videos in advertisements where members of the public are likely to see them unsolicited.
 - (j) In addition to the requirements set out in the *Health Information Protection Act* regarding the collection, use and disclosure of personal health information, physicians must obtain express consent to the specific use of before and after photos or videos before using them in their advertising. As part of this physicians must:
 - (i) wait until after the medical service is provided to discuss and obtain consent to the use of the before and after photos or videos in their advertising;
 - (ii) show the final images to be used in the advertisement to the patient before using them in any advertisements;
 - (iii) inform the patient that they can withdraw their consent to the use of before and after photos and videos at any point;
 - (iv) inform the patient about the risks of consenting to the use of before and after photos and videos (for example, that once posted on social media they may be unable to be completely withdrawn);
 - (v) engage in a dialogue with the patient about the use of the photos or videos, regardless of whether supporting documents (such as consent forms, patient education materials or pamphlets) are used;
 - (vi) consider how the power imbalance inherent in the physician-patient relationship could cause patients to feel pressured to consent to the use of photos or videos and take reasonable steps to mitigate this potential effect; and
 - (vii) not offer inducement to consent to the use of before and after photos or videos.
 - (k) Physicians must not permit their name or likeness to be used in or associated with advertising:
 - (i) for any commercial product or service other than their own medical services, or
 - (ii) for facilities where medical services are not provided by the physician.
 - (l) Notwithstanding paragraph (k), physicians who are part of a multi disciplinary practice are permitted to be associated with that practice's advertising; however they must ensure that advertising for the practice meets the following conditions:
 - (i) the advertisement does not provide or appear to provide any physician's endorsement of services at the practice not provided by the physician; and
 - (ii) the advertisement does not state or imply that a physician provides all of the services offered at the practice, or that a physician provides any services that they do not in fact provide.

- (m) A physician must not directly or indirectly participate in advertising that offers any inducement to a patient to receive a medical service, including but not limited to:
 - (i) time-limited prices for a service;
 - (ii) discount coupons, gift certificates, or prizes for a service;
 - (iii) communal gatherings (“parties”) where consultation or medical services are offered;
 - (iv) a service in conjunction with “makeovers” created for entertainment or promotional purposes; or
 - (v) events, including “education sessions,” where registration fees are donated.
- (n) A physician who provides services which are not publicly funded through Medical Services Branch must specify clearly what services that are being offered are not publicly funded.
- (o) A physician may only indicate a practice interest in an advertisement if:
 - (i) the area of interest falls within the context of the physician’s practice discipline;
 - (ii) the area of interest is a demonstrated, significant focus of the physician’s practice;
 - (iii) the physician pursues continuing medical education related to the area of interest; and,
 - (iv) the physician has complied with bylaw 4.1 if the practice interest identified in the advertisement constitutes a significant change in scope of practice as defined in bylaw 4.1.
- (p) A physician must:
 - (i) ensure advertising done on their behalf by a third party complies with this bylaw;
 - (ii) show, in writing, where advertising by a third party was reviewed and approved; and
 - (iii) be able to demonstrate this review and approval to the College upon request.
- (q) A physician must promptly comply with a request from the Registrar to:
 - (i) substantiate any advertising claim or representation; or
 - (ii) confirm whether a specific advertisement is made by or on behalf of the physician.
- (r) It is unbecoming, improper, unprofessional or discreditable conduct for a physician to advertise in a manner contrary to this bylaw, or to permit such advertising to be done on the physician's behalf or to permit any clinic with which the physician is associated to advertise contrary to this bylaw.

31.1 USE OF THE DESCRIPTION “SPECIALIST”

- (a) A physician shall not use the words “specialist” or similar term in any advertising or description of the physician’s qualifications unless the physician:
 - (i) Has received certification from the Royal College of Physicians and Surgeons of Canada; or,
 - (ii) Has received permission from the Council to use that term, under any conditions that the Council may determine.
- (b) In considering an application by a physician to use the term “specialist” or a similar term, the council shall determine whether the physician has demonstrated to the satisfaction of the Council that:

- (i) the physician has spent a minimum of 4 years in a postgraduate training program approved by the Council in the specialty of medicine for which the person has received a recognized foreign credential; and,
- (ii) the physician has achieved a certification in a specialty in the country where the training was taken that is indicative of the ability to practise as a consultant in that specialty.

32.1 STATEMENTS TO AND INTERVIEWS WITH THE MEDIA

- (a) Media and Public interest in medicine is growing and there is increasing pressure on physicians to participate in radio, television and newspaper interviews.
 - (i) Physicians may initiate a press release or media interview to disseminate information of an educational nature designed to warn of a current, proven health hazard or inform of a technique of preventive medicine.
 - (ii) Physicians shall not initiate but may respond to request for interviews exploring new research breakthroughs, proven effective innovations in treatment, and philosophical examination of medical history and changing trends.
 - (iii) Physicians shall not participate in interviews extolling their personal professional accomplishments or the availability through the physician of a facility, medical device, or mode of treatment.
 - (iv) In all statements and interviews the physician will exercise caution that he be seen as speaking for the profession rather than promoting his own qualifications and professional services.
 - (v) The conduct of interviews with the media concerning medical matters should be carried out so as to conform with the relevant provisions of the Code of Ethics adopted by the Council of the College of Physicians and Surgeons of Saskatchewan.

PART 8 – PROFESSIONAL LIABILITY COVERAGE

33.1 MAINTENANCE OF INSURANCE

- (a) In order to be granted a licence, or renew a licence, other than an Inactive Licence or an Educational Licence granted to an physician described in paragraph 2.12(a)(ii) 1., 2., 3., or 4. a physician shall:
 - (i) provide a written authorization to the College of Physicians and Surgeons in which the physician authorizes the Canadian Medical Protective Association, or any insurer with whom the physician maintains professional liability insurance, to release to the College of Physicians and Surgeons any information respecting the status of that physician's membership or insurance coverage that may be required by the College of Physicians and Surgeons;
 - (ii) if the physician has been registered with the College immediately prior to the application for a licence or permit, or, although not registered with the College, has membership in the Canadian Medical Protective Association or is insured under a contract of malpractice insurance, provide proof that the physician either:
 - 1. is registered with the Canadian Medical Protective Association as a member of that organization; or

2. is insured under a contract of malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence.
- (iii) if the physician has not been registered with the College of Physicians and Surgeons of Saskatchewan immediately prior to the application for a licence or permit, or has been registered under an inactive licence, enter into an undertaking with the College of Physicians and Surgeons that:
1. the physician will obtain membership with the Canadian Medical Protective Association or maintain malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence before beginning medical practice; and
 2. the physician will provide proof of membership or insurance to the College of Physicians and Surgeons within a period of 30 days.
- (iv) enter into an undertaking with the College of Physicians and Surgeons that the physician will continuously maintain membership with the Canadian Medical Protective Association or maintain malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence while the physician remains licensed or authorized to practise under a permit.
- (b) A physician who:
- (i) does not provide medical care to patients in Saskatchewan; or
 - (ii) practises exclusively with the Armed Forces of Canada; or
 - (iii) practises exclusively as an employee of an employer who maintains insurance coverage that includes insurance coverage that insures the physician against professional malpractice with an insurance company registered to do business in Saskatchewan that provides a minimum of two million dollars for each occurrence; or
 - (iv) provides information to the Registrar that satisfies the Registrar that the Saskatchewan public would not be placed unduly at risk if the physician were not required to maintain insurance coverage or membership in the Canadian Medical Protective Association;
- may apply to the College of Physicians and Surgeons for exemption from the requirement that the physician be a member of the Canadian Medical Protective Association or be covered by a policy of insurance. The application for an exemption shall be accompanied by an undertaking that the physician will immediately obtain membership with the Canadian Medical Protective Association or obtain malpractice insurance with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence if the physician should cease to meet the conditions of paragraph (i), (ii) or (iii), or if any of the information provided in an application under paragraph (iv) should cease to be accurate.
- (c) It is unbecoming, improper, unprofessional, or discreditable conduct for a physician to breach an undertaking provided to the College pursuant to this paragraph.

PART 9 – PAYMENT FOR PROFESSIONAL SERVICES

34.1 PAIN CLINICS

- (a) The Registrar shall keep a list of physicians eligible to bill under the pain clinic codes in the Medical Services Branch, Saskatchewan Health payment schedule.
- (b) Physicians eligible must have proof of a rotation through a pain management service in a L.C.M.E./C.A.C.M.E. accredited training program in Canada, Continental United States, or an approved pain management program in the United Kingdom.

35.1 PAYMENT AT SPECIALIST RATES

- (a) The College recognizes only Certification from the Royal College of Physicians and Surgeons of Canada as the qualification to be held by a member in order to place their name on the specialist list of the College.
- (b) The paying agencies will be appraised of the member's specialty status on the date that an original document from the Royal College is received in the Registrar's office.
- (c) Notwithstanding paragraph (a) above, a physician who has completed residency training in Canada in 2020 or 2021 and has been granted a provisional licence, but for whom the examination leading to Certification from the Royal College of Physicians and Surgeons of Canada was cancelled or not offered, shall be placed on the specialist list of the College until the Royal College of Physicians and Surgeons of Canada has released the results of the first examinations that the physician was eligible to challenge in that physician's specialty.

PART 10 – PROFESSIONAL CORPORATIONS

36.1 PROFESSIONAL CORPORATIONS

- (a) An applicant for registration by a Professional Corporation, or an applicant for renewal of a permit by a Professional Corporation shall file with the College shall complete an application in the form determined by the Registrar that:
 - (i) is legible;
 - (ii) contains all of the information required by the form;
 - (iii) attaches all documents that are required by the form; and
 - (iv) is signed by all persons required to sign the form.
- (b) The Registrar may refuse registration, or refuse to renew a permit where the form is not completed in accordance with paragraph (a).
- (c) The Registrar may request additional information relating to an application for registration or an application for renewal of a permit by a professional corporation, and may refuse registration or renewal of a permit until that information is provided.
- (d) All advertising by Professional Corporations shall comply with the provisions of these bylaws pertaining to advertising by members.

- (e) Each member who practises medicine by, through or in the name of a Professional Corporation is responsible to ensure that all advertising by the Professional Corporation complies with the bylaws.

37.1 DISCLOSURE OF INFORMATION IN CERTIFICATES OF PROFESSIONAL CONDUCT

Preamble

The Registrar is authorized to provide certificates of professional conduct at the request of a physician to another regulatory body, or another person or institution with an interest in the member.

Contents of Certificates of Professional Conduct

- (a) In this bylaw "complaint" means any initiating communication which:
 - (i) is an expression of concern about the conduct, competence or capacity of the physician;
 - (ii) identifies a physician;
 - (iii) is made by any person (including the Registrar or a member of the staff of the College);
 - (iv) meets the legal criteria or procedures in Saskatchewan; and
 - (v) does not necessarily have to lead to an action.
- (b) In this bylaw "conditions" include any condition, term, restriction or limitation of any nature.
- (c) In this bylaw "disciplinary action" includes action by the College related to an allegation of unbecoming, improper, unprofessional or discreditable conduct, lack of skill and knowledge, impairment or incapacity.
- (d) In this bylaw "physician" means any person who holds any form of licence or permit, or who in the past has held any form of licence or permit granted by the College.
- (e) In this bylaw "Registrar" includes the Registrar's designate.
- (f) In this bylaw "settlement" means an agreement to resolve a lawsuit involving a patient either before or during court trial. A settlement may or may not include payment made on behalf of the physician to the patient or other parties in the lawsuit.
- (g) The certificate of professional conduct should include personal identifiers about the physician. The identifying information in the certificate will include the Medical Identification Number for Canada (MINC) number if known to the College and if the recipient of the certificate is licensed to receive that information.
- (h) The certificate of professional conduct should include the qualifications and credentials known to the College that may be relevant to a licensure decision of another medical regulatory authority.
- (i) The certificate of professional conduct should contain information about complaints which:
 - (i) are currently open or under appeal; or
 - (ii) did not lead to formal action but which, in the opinion of the Registrar, may reflect conduct or a pattern of conduct that should be reported in the best interest of the public.
- (j) In deciding whether a complaint or complaints may reflect conduct or a pattern conduct that should be reported in the best interest of the public, the Registrar may consider the following factors:
 - (i) The nature and gravity of the alleged conduct;

- (ii) The number of allegations. (The threshold will vary, depending on the nature and gravity of the conduct);
 - (iii) The frequency or widespread nature of the alleged conduct;
 - (iv) The time frame over which the allegations have occurred;
 - (v) Insight, i.e., the degree to which the physician accepted responsibility (where appropriate) and took appropriate steps to address the concerns;
 - (vi) Repetition or recurrence of the alleged conduct after educational initiatives completed by a physician as a result of a prior complaint of a similar nature;
 - (vii) The extent to which the physician's alleged conduct may have negatively affected the care of patients or relationships with other persons involved in providing care to patients;
 - (viii) The extent to which the physician's alleged conduct may adversely affect the reputation of the medical profession.
- (k) The certificate of professional conduct shall not disclose information about matters dealt with by the Quality of Care Advisory Committee, except as permitted by section 60 of The Act.
- (l) The certificate of professional conduct should contain information about investigations, both current and resolved.
- (m) The certificate of professional conduct should contain information about disciplinary actions, excepting dismissals, including the following:
- (i) The date of the disciplinary action;
 - (ii) Particulars of the disciplinary action;
 - (iii) Any remedy or sanction, whether imposed or by consent, including:
 1. suspension of the physician's licence or ability to practise;
 2. revocation of the physician's licence and/or registration;
 3. conditions imposed on the physician's licence and/or registration;
 4. a reprimand;
 5. a fine.
- (n) The certificate of professional conduct should contain the following information relating to non-disciplinary matters:
- (i) conditions on the physician's licence and/or registration, whether imposed or by consent, arising from:
 1. health or fitness to practice issues;
 2. peer review process;
 3. any other issue or process of a non-disciplinary nature.
 - (ii) consent agreements or undertakings of any kind;
 - (iii) a direction from the Executive Committee that the physician complete a specified continuing education or remediation program;

- (iv) consent withdrawal from practice or from a register, and, if known by the College, reasons for withdrawing;
- (v) restriction or cancellation of hospital privileges, if known to the College.
- (o) The certificate of professional conduct should contain the following information relating to findings of guilt (including pardoned offenses) and pending charges:
 - (i) criminal offences in Canada and elsewhere, if known to the College;
 - (ii) offences under the Controlled Drugs and Substances Act (Canada);
 - (ii) offences under the Food and Drugs Act (Canada).
- (p) The certificate of professional conduct should contain information relating to findings of fraud in any court proceeding, if known to the College.
- (q) The certificate of professional conduct should contain information relating to restraining orders granted, or pending applications for restraining orders, if known to the College.
- (r) The certificate of professional conduct should contain information relating to settlements, court decisions, or statements of claim in civil actions related to the physician's medical practice, if known to the College. The certificate of professional conduct should include information pertaining to any civil action alleging the physician is liable for the acts of others, including employees or agents, in a lawsuit involving a patient, if known to the College.
- (s) The certificate of status may, if the member has a health condition that may limit the member's ability to practice or pose a risk of harm to patients, disclose that fact;
- (t) The certificate of professional conduct may, in addition, contain any information which the Registrar concludes may be relevant to the receiving jurisdiction or organization, including information about the ethical conduct, competence or capacity of the physician.
- (u) The certificate of professional conduct may contain expressions of opinion pertaining to the physician which the Registrar concludes may be relevant to the receiving jurisdiction or organization.
- (v) Nothing in this bylaw requires the Registrar to disclose information if, in the opinion of the Registrar, it is not in the public interest to do so.
- (w) Nothing in this bylaw requires the Registrar to obtain information referenced in paragraphs (a) to (t) if that information is not in the custody and control of the College.
- (x) Notwithstanding paragraphs (a) through (t) above, the Registrar may decide not to include information in any of paragraphs (a) through (t) if the certificate of professional conduct is to be sent to a person or organization that is not a medical regulatory authority and, in the opinion of the Registrar, it is not in the public interest to send that information.