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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Mission

**Number:** E-1

**Policy Type:** Ends

**Date Approved:** January 20, 2017

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Our Mission and commitment to the people of Saskatchewan ...

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

Our vision for a preferred future.

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

- public protection;
- healthy public policy;
- medical profession prepared for the future;
- professionally led regulation

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Public Protection

**Number:** E-2

**Policy Type:** Ends

**Date Approved:** April 16, 2010

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The End “Public Protection” is the Council’s highest priority. It is interpreted to include, but is not limited to:

1. Quality health outcomes and care experiences
2. Competent physicians (“competent” includes knowledge, skills, attitudes, behaviors, and performance.).
  - 2.1. Competent medical graduates.
  - 2.2. Ongoing competency.
    - 2.2.1 Demonstrate ongoing competency of practitioners over the age of 65.
  - 2.3. Adherence to standard of care.
3. Protection of the public from unsafe medical practices.
4. Trust and confidence in the medical profession.
  - 4.1. Public redress for complaints or problems with physicians.
5. Safe care environments.
6. Protection of the public from unethical physicians.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Quality Health Care System

**Number:** E-3

**Policy Type:** Ends

**Date Approved:** April 16, 2010

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The End “A Quality Health Care System” is Council’s second highest priority. It is interpreted to include, but is not limited to:

1. Public access to quality care.
  - 1.1. Contribute to appropriate physician supply and distribution to meet public need.
2. Safe practice environments for physicians.
3. Inter-dependent collaborative practice.
  - 3.1. Elimination of inter- and intra-professional territorialism.
  - 3.2. Patient care provided by the most appropriate providers.
  - 3.3. Physician is one partner in patient care decision making.
4. System investment in research for continuous improvement.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Healthy Public Policy

**Number:** E-4

**Policy Type:** Ends

**Date Approved:** April 16, 2010

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The End “Healthy Public Policy” is interpreted to include, but is not limited to:

1. The College is a competent, credible resource for the public.
2. Governments consult the College as a competent, credible resource when forming health policy.
3. The College is a competent, reliable resource for other agencies.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Medical Profession Prepared for Future    **Number:** E-5

**Policy Type:** Ends    **Date Approved:** April 16, 2010

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The End “Medical Profession Prepared for the Future” is interpreted to include, but is not limited to:

1. Increased physician engagement in interdisciplinary collaboration and elimination of inter and intra professional territorialism.
2. Increased evidence-based standards.
3. Physicians know how to interpret and apply research findings.
4. Increased physician capacity for practice assessment and quality improvement.
5. Increased physician support for application of I. T. to inter-professional practice.
6. Increased physician awareness of changes in and determinants of population health.
7. Increased physician awareness of environmental health issues.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Professionally Led Regulation

**Number:** E-6

**Policy Type:** Ends

**Date Approved:** April 16, 2010

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The End “Professionally Led Regulation” is interpreted to include, but is not limited to:

1. Public participation in regulation processes.
2. Members understand and are committed to the process of professionally led regulation.
3. Physicians and public receive a fair and just hearing of concerns.
4. Trust and confidence in the College.
  - 4.1. Confidence in the College’s fairness, timeliness and effectiveness.
  - 4.2. Public confidence that there are high standards of medical practice.
  - 4.3. Public and profession understand role of College.
  - 4.4 Transparency in College regulatory and discipline processes.
5. College collaboration with stakeholders.
6. Maintain government confidence in effectiveness of professionally led medical regulation.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Global Governance Process

**Number:** GP-1

**Policy Type:** Governance Process

**Date Approved:** April 16, 2010

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Recognizing the profession's commitment to self-regulation, the purpose of the Council, for the benefit of the people of Saskatchewan, is to ensure that the College of Physicians and Surgeons of Saskatchewan achieves its Ends, and avoids unacceptable actions and situations.



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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Governing Style	<b>Number:</b>	GP-2
<b>Policy Type:</b>	Governance Process	<b>Date Approved:</b>	April 16, 2010

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Council will govern with an emphasis on:

- outward vision rather than an internal preoccupation,
- commitment to obtaining public input,
- encouragement of diversity in viewpoints,
- strategic leadership more than administrative detail,
- clear distinction of Council and staff roles,
- collective rather than individual decisions,
- future rather than past or present,
- pro-activity rather than reactivity, and
- an appropriate balance between confidentiality and transparency.

More specifically, the Council will:

1. Cultivate a sense of group responsibility. The Council, not the staff, will be responsible for excellence in governing. The Council will be an initiator of policy, not merely a reactor to staff initiatives. The Council will use the expertise of individual members to enhance the ability of the Council as a body to make policy, rather than to substitute their individual judgments for the group's values.
2. Direct, control and inspire the organization through the careful establishment of broad written policies reflecting the Council's values and perspectives. The Council's major policy focus will be on the intended long term impacts of the College, not on the administrative or programmatic means of attaining those effects.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policy making principles, respect of roles, and ensuring the continuity of governance capability. Continual Council development will include orientation of new members in the Council's governance process and periodic Council discussion of process improvement. The Council will not allow any officer, individual or committee of the Council to hinder or be an excuse for not fulfilling its commitments.
4. Monitor and regularly discuss the Council's process and performance at each meeting. Self-monitoring will include comparison of Council activity and discipline to policies in the Governance Process and Council-Registrar Relationship categories.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Council Job Description

**Number:** GP-3

**Policy Type:** Governance Process

**Date Approved:** April 16, 2010

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The job results of Council activity, as distinguished from the activity of its staff, will be:

1. A link between the organization and its moral ownership.
2. Written governing policies which, at the broadest levels, address:
  - 2.1. *Ends*: Organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what good, for which people, at what cost).
  - 2.2. *Executive Limitations*: Constraints on executive authority which establish the boundaries of prudence and ethics within which all executive activity and decisions must take place.
  - 2.3. *Governance Process*: Specification of how the Council conceives carries out and monitors its own task.
  - 2.4. *Council-Registrar Relationship*: How power is delegated and its proper use monitored; the Registrar role, authority, and accountability.
3. Assurance of Registrar's performance in achieving the results defined in the *Ends* policies, and not exceeding the constraints in *Executive Limitations* policies, through monitoring and evaluation of the Registrar as outlined in policies on Council-Registrar Relationship.
4. Statements of principles and positions related to public policy which represent the health interests of the people of Saskatchewan.
5. The discharge of those functions uniquely reserved to the Council by *The Medical Profession Act, 1981*.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Council Linkage with Ownership      **Number:** GP-4  
**Policy Type:** Governance Process      **Date Approved:** April 16, 2010

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The “moral ownership” of the College of Physicians and Surgeons of Saskatchewan consists of all persons who are under the care of a physician or may come under the care of a physician in the Province of Saskatchewan. On behalf of the members of the College the Council shall be accountable to govern the College in the best interests of the moral ownership.

1. The Council shall be accountable for the College to this ownership *as a whole*.
2. When making governance decisions, Councilors shall maintain a distinction between their personal and professional interests and their obligation to speak on behalf of the moral ownership. Councilors are obligated to inform themselves regarding the values and expectations of the moral ownership.
3. The Council shall gather data and interact with the public in a way that reflects the diversity of the moral ownership. Public input may be accomplished through a variety of methods, including, but not limited to, community meetings, surveys, focus groups, and public presentations to Council.
4. The Councilors’ dealings with the media regarding Council business shall be directed through the Chairperson, the Registrar, or their designate.
5. Council shall act as an advocate for the membership only when it is consistent with the public interest.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Chairperson's Role	<b>Number:</b>	GP-5
<b>Policy Type:</b>	Governance Process	<b>Date Modified:</b>	April 16, 2010

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In this and other Council policies the Chairperson is generally the President. "Chairperson" also refers to another person who assumes the responsibility of President based upon the President's delegation of the role of chairperson to the Vice-President or other member of the Executive Committee, or the Vice-President's assumption of the role of President due to the absence of the President or the inability of the President to act.

The Chairperson assures the integrity of the Council's process, and, secondarily, represents the Council to outside parties. The Chairperson is the only Councilor authorized to speak for the Council (beyond simply reporting Council decisions), other than in specifically authorized instances.

1. The outcome of the Chairperson's activity is that the Council behaves consistently according its own rules and those legitimately imposed upon it from outside the organization.
  - 1.1. Council will only discuss those issues which, according to Council policy, clearly belong to the Council.
  - 1.2. Deliberation will be timely, fair, orderly, thorough, efficient and kept to the point.
  - 1.3 All Councilors will participate appropriately in the Council's decision-making process.
  - 1.4. The current version of Roberts' Rules of Order will be the parliamentary authority in cases of dispute.
  - 1.5 Councilors will participate appropriately in furthering the Ends of the College and will participate in the Council to achieve those ends.
2. The authority of the Chairperson is limited to making any reasonable interpretation of Council policies on Governance Process and Council-Registrar Relationship, except where the Council specifically delegates portions of this authority to others.
  - 2.1. The Chairperson is empowered to chair Council meetings with all the commonly accepted power of that position (e.g. ruling, recognizing).
  - 2.2. The Chairperson has no authority to make decisions about policies created by the Council within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the Registrar.
    - 2.2.1. The Chairperson may authorize the Registrar's education benefit within the terms of the Registrar's employment contract.

- 2.3. The Chairperson may represent the Council to outside parties in announcing Council-stated positions and in stating Chairperson's decisions and interpretations within the area delegated to the Chairperson (consistent with policies in Governance Process and Council-Registrar Relationship areas).
- 2.3. The Chairperson will maintain an appropriate communication level with the Registrar to foster an awareness of College activities and challenges.
- 2.4. The Chairperson will ensure that appropriate orientation is provided to new Councilors and will lead the orientation.
- 2.5. The Chairperson may delegate this authority, but remains accountable for its use.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Council Committee Principles	<b>Number:</b>	GP-6
<b>Policy Type:</b>	Governance Process	<b>Date Approved:</b>	April 16, 2010

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Council may establish Committees to help carry out its work. Council committees, when used, will function to reinforce the wholeness of the Council's job and will not interfere with delegation from Council to Registrar. Committees will be used sparingly and only when other methods are deemed inadequate.

1. Council committees are to help the Council do its job, never to help or advise the staff. Committees will assist the Council by preparing policy alternatives and implications for Council deliberation.
2. Council committees may not speak or act for the Council except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the Registrar.
3. Council committees cannot exercise authority over staff. The Registrar works for the full Council: he or she will not be required to obtain approval of a Council Committee before an executive action, except where the committee has been delegated specific authority to act on behalf of the Council.
4. All Committees will be supportive of the wholism of the Council and its policies. Council committees are to avoid over-identification with organizational parts rather than the whole. The Council, not its committees, retains responsibility and authority to monitor organizational performance.
5. This policy applies only to committees which are formed by Council, whether or not the committees include non-Councilors. It does not apply to committees formed under the authority of the Registrar.
6. All committee members shall abide by the same Code of Conduct as governs the Council, set out in GP-9.
7. Except as defined in written Terms of Reference, no Committee has authority to commit the funds or resources of the College.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Council Committee Structure                      **Number:** GP-7  
**Policy Type:** Governance Process                                      **Date Approved:** April 16, 2010

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1. A committee is a Council committee only if its existence and charge come from the Council, regardless of whether Councilors sit on the committee. The only Council committees are those which are set forth in this policy. Unless otherwise stated, a committee ceases to exist as soon as its task is complete.
  - 1.1. Legislated Committees (Terms of Reference found in Bylaws)
    - 1.1.1. Competency Committee
    - 1.1.2. Competency Hearing Committee
    - 1.1.3. Discipline Committee
    - 1.1.4. Discipline Hearing Committee
    - 1.1.5. Investigating (Mental Health) Committee
    - 1.1.6. Preliminary Inquiry Committee
  - 1.2. Standing Committees
  - 1.3. Other Council Committees
    - 1.3.1 Council may establish committees in accordance with GP-6 to help the Council carry out this work.
2. Committee expenses will be reimbursed in accordance with Council Policy GP-8.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL OF DIRECTORS POLICY**

**Policy Name:** Executive Committee  
Terms of Reference

**Number:** GP-7.1

**Policy Type:** Governance Process

**Date Approved:** April 16, 2010

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**Purpose/Product**

1. Tasks delegated by Council.
  - 1.1. Liaison with external agencies' Executive Committee or equivalent.
  - 1.2. Decisions on appeals to relocate has been deleted as there are no longer three year commitments associated with licensure.
2. Activities and actions on behalf of Council in situations where it is not feasible to convene a meeting of the full Council.
  - 2.1. Interim suspensions as authorized in the Act, until next Council meeting.

**Authority**

1. In the above-designated decisions, Executive Committee has authority to act on behalf of Council. All Executive Committee decisions shall be reported to Council at the next meeting of Council, and its actions are valid until so reported, at which time the Council may deal with the matter as it considers advisable.
2. Executive Committee has no power to alter, repeal or suspend any bylaw of the Council.

**Composition**

1. President of Council
2. Vice President of Council
3. Three Council members elected by the Council, one of whom shall be a non-medical Council Member. The word "Two" has been changed to "Three" as **The Medical Profession Act, 1981** requires that all three members be elected.
4. The Council encourages the Past-President of the Council to seek election as a member of the Executive Committee.

**Term of Office**

One year or until election of a successor.



**Quorum**

A majority of members of the Committee constitutes quorum.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

**Policy Name:** Council and Committee Expenses      **Number:** GP-8  
**Policy Type:** Governance Process      **Date Approved:** Sept. 14, 2018

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*Guiding Principles for Honoraria and Expense Allowances:*

- *Transparency and accountability*
- *Simplification of policy*
- *Equity with other colleges/jurisdictions*
- *Making serving more attractive to potential Council and Committee members*
- *Making serving more attractive to potential Council Presidents*
- *Alignment with standard business practices*
- *Reimbursement for all meetings – Council, committee, etc..*
- *Reimbursement for all types of meetings – in person, teleconference, etc.*
- *Not a replacement of lost earnings*

Councilors and committee members shall be paid an honorarium and expense allowance for all meetings attended in person and at a distance including the Annual General Meeting, Council meetings, committee meetings, and conferences attended at the direction of Council.

1. Honoraria and expense allowances for Medical Members of Council<sup>1</sup> for attending meetings of Council and/or meetings authorized by Council, including conference calls, shall be as follows:

1.1. Honoraria: \$150 per hour for meetings and \$50 per hour for travel time<sup>2</sup>.

1.2. Office Offset: For those Members who are eligible<sup>3</sup>, \$200 per day.

1.3. Accommodation:

1.3.1. In province: Actual costs for CPSS-arranged rates, single occupancy, standard room plus taxes supported by receipts **OR** an allowance of \$100 per night without supporting receipts.

1.3.2. Out of Province: Actual costs for single occupancy, standard room plus taxes supported by receipts **OR** an allowance of \$100 per night without supporting receipts.

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<sup>1</sup> Medical Members of Council are physicians and surgeons who have been elected to participate as CPSS Council members, but do not include public and student representatives, or CPSS staff.

<sup>2</sup> Travel time for air travel is based on scheduled time in flight plus travel time to and from the airport plus 2 hours for boarding and deplaning.

<sup>3</sup> Eligibility for Office Offset occurs on full day meetings where a member would normally incur ongoing office expenses.

- 1.4. Travel: Mileage at current Province of Saskatchewan Government rate. Actual costs supported by receipts for parking. When the Member uses public transportation (plane, taxi, bus, etc.), actual travel costs supported by receipts are allowed. For air travel, the maximum allowable claim is full economy fares and every effort shall be made to obtain reduced fares on “seat sales”.
- 1.5. Meals: At current Province of Saskatchewan Government rates. Receipts are not required.
- 1.5.1. Meals may not be claimed when provided at meetings or CPSS special invitation events.
- 1.5.2. Meal costs for Member’s guests/partners are the responsibility of the Member, except where CPSS events specifically include guests in the invitation.
- 1.6. Incidentals<sup>4</sup>: \$17 per full or partial day when on travel status.
2. The Council President shall receive an annual stipend of \$6,500 in recognition of conducting additional CPSS business, over and above honoraria paid for attendance at meetings. The Council President may claim honoraria and expenses in accordance with paragraph 1 for all meetings, including external meetings where the President represents CPSS and internal operational meetings such as Executive Committee teleconferences.
3. The Public Appointees to Council will be paid Honoraria for attending meetings of Council and/or meetings authorized by Council, including conference calls, so that the total amount paid to the public appointees from the Government of Saskatchewan and CPSS is 80% of the amount paid for Medical Members of Council as set out in paragraph 1.1.
4. Honoraria and expense allowances for all other Committee Chairs and Members shall be in accordance with paragraph 1 except as follows:
- 4.1. The hourly honoraria rate for meetings and travel for non-medical members is one-half the rate for medical members, unless a mutually agreed upon rate (taking into consideration individual factors such as office overhead and income loss) is negotiated.
- 4.2. Where a hearing before the Medical Discipline Committee is longer than 5 working days, the hourly honoraria rate for meetings doubles for days 6 and after.
5. Claims are to be submitted on an event or monthly basis.
6. Expenses may be claimed for official CPSS business only. Side-trips (e.g. mileage, airline stopover charges, additional hotel accommodation) for personal or other business reasons may not be claimed.
7. College staff shall perform a market survey every two years to determine whether to honoraria and expense allowances are in line with national levels and report to Council.

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<sup>4</sup> Incidentals include tips, meter parking, personal phone calls, laundry, personal needs, etc. while attending meetings.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Code of Conduct	<b>Number:</b>	GP-9
<b>Policy Type:</b>	Governance Process	<b>Date Approved:</b>	April 16, 2011
<b>Amended:</b>	November 24, 2017, March 29, 2019		

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The Council expects of itself and of individual Councilors businesslike and lawful conduct. This includes proper use of authority and appropriate decorum when acting as Councilors. It expects Councilors to treat one another and staff members with respect, co-operation and a willingness to deal openly on all matters.

Councilors shall be bound by the following Code of Conduct.

1. Councilors must represent unconflicted loyalty to the interests of the moral ownership. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. It also supersedes the personal interest of any Councilor acting as an individual member of the College. Councilors are accountable to exercise the powers and discharge the duties of their office honestly and in good faith. Councilors shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.
2. Councilors shall avoid participating in discussions or voting on matters related to the status of physicians who are subject to a Council decision if the Councilor may be perceived to have a reasonable apprehension of bias. If a Councilor has information that has not been provided to all members of Council that could reasonably be perceived to affect the Councilor's decision the Councilor may be perceived to have a reasonable apprehension of bias.
3. Councilors shall avoid providing information that is not part of the record before the Council to other Councilors if providing such information could reasonably give rise to a reasonable apprehension of bias. If a Councilor is uncertain whether providing information to other Councilors would breach this restriction, the Councilor will discuss the issue with the president prior to the matter being addressed by Council. If the president is unavailable, or if it is the president who has the concern, the Councilor will discuss the issue with the vice-president or the chair of the Council meeting.
4. Councilors shall disclose any conflict of interest.
5. Councilors shall not use their positions to obtain employment for themselves, family members or close associates. Should a Councilor accept employment with the College, he or she must first resign.
  - 5.1 A Councilor who has applied for employment with the College must refrain from discussions pertaining to the evaluation of the Registrar

6. Councilors will respect the confidentiality appropriate to issues of a sensitive nature. Confidential information includes the following:

- Information that is considered at the in-camera session of Council;
- Information contained in a document that is assigned a “Confid.” designation;
- Information that by Council direction is to be redacted from documents if the document is requested by a member of the public.

There may be circumstances in which maintaining the confidentiality of such information is not consistent with an appropriate balance between confidentiality and transparency found in GP-2. In such circumstances, Councilors will maintain confidentiality of the information unless the president, or in the president’s absence, the vice-president, authorizes the Councilor to disclose that information.

7. Councilors may not attempt to exercise individual authority over the organization except as explicitly set forth in Council policies.

7.1. Councilors’ interaction with the Registrar or with staff must recognize that any individual Councilor or group of Councilors does not have authority other than that explicitly stated in Council policy.

7.2. Councilors’ interaction with the public, press or other entities must recognize the same limitation and the similar inability of any Councilor (s) to speak for the Council except to repeat explicitly stated Council decisions.

7.3. Councilors will make no judgments of the performance of the Registrar or the staff except where the performance is assessed against explicit Council policies by the process described in Policy CR-3.

7.4. Councilors shall not encourage direct communication with staff who attempt to bypass the administration but shall encourage staff to utilize reporting lines within the administration to bring their concerns to the Council.

8. Councilors must respect the authority of the president at all times.

9. The Council and its committees speak with a united voice. Councilors who abstain or vote against a motion must adhere to and support the decision of the majority. Councilors will be proactive in identifying and reporting any breach of this policy.

10. Councilors must be committed to upholding the decisions of the Council.

11. Councilors and members of committees will be prepared for all meetings by reading the material to be well informed and able to participate effectively.

12. Councilors shall be familiar with **The Medical Profession Act, 1981**, Bylaws, and policies of the College as well as the rules of procedure and proper conduct of a meeting so that any decision of the Council may be made in an efficient, knowledgeable and expeditious fashion.

13. Councilors shall regularly take part in educational activities which will assist them in carrying out their responsibilities.
14. Councilors shall attend meetings on a regular and punctual basis. Council will notify the Minister of Health if a public member of Council has been absent from more than three consecutive regular meetings. If a member of Council who is not a public member has been absent from more than three consecutive regular meetings, the Council may consider whether that constitutes a basis to remove the Councilor from office pursuant to College bylaws.
15. Councilors shall ensure that unethical activities not covered or specifically prohibited by the foregoing or any other legislation are not condoned.

A Councilor who is alleged to have violated the Code of Conduct shall be informed in writing and shall be allowed to present his/her views of such alleged breach at the next Council meeting. The complaining party must be identified. If the complaining party is a Councilor, he/she and the respondent Councilor shall absent themselves from any vote upon resolution of censure or other action that may be brought by the Councilors. Councilors who are found to have violated the Code of Conduct may be subject to censure. Where the Council considers the violation of the Code of Conduct compromises the integrity of the Councilor or the Council, the Councilor may be asked to resign or may be removed from office in accordance with College bylaws.

16. This Code of Conduct applies to Councilors, members of committees appointed by Council and any other person representing or doing work for the College

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Conflict of Interest

**Number:** GP-10

**Policy Type:** Governance Process

**Date Approved:** April 16, 2010

**Amended** November 25, 2017, January 25, 2018

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1. No Councilor, or his or her spouse/partner, or dependent child, shall enter into any business arrangement with the College in which they are interested directly or indirectly except:
  - 1.1. On a written and competitive basis; and
  - 1.2. Having declared any interest therein, and the applicable Councilor having refrained from voting thereon.
2. Any Councilor having an occasional conflict of interest shall declare the fact of that conflict before discussion of the question and absent him/herself from the portion of the meeting during which discussion or voting affected by that conflict takes place. Such conflicts of interest include, but are not limited to:
  - 2.1. Any question affecting a private corporation of which the Councilor or his/her immediate family (spouse/partner, or dependent child), is a shareholder or a public corporation in which he/she or immediate family holds more than five percent of the number of voting securities issued (excluding mutual funds). This does not apply to decisions of general application related to professional corporations;
  - 2.2. Any question affecting a partnership or firm of which he/she is a member;
  - 2.3. Any question affecting an organization of which he/she is a Board Member;
  - 2.4. Any question in which the Councilor or a member of his/her immediate family (defined as spouse/partner or dependent child) has a direct or indirect financial interest;
  - 2.5. Any other matter in which the Councilor's ability to act in the best interest of the organization may be or appear to be compromised by an outside interest.
3. A Councilor who abstains from participation due to conflict of interest is still included in determining quorum.
4. In case of disagreement regarding a Councilor's conflict of interest, a majority vote of Council shall decide.
5. The minutes must record all declarations of conflict of interest and whether the Councilor was present when the matter was discussed.

6. Councilors shall annually complete a declaration that they are aware of the contents of GP-9 and GP-10 and that they are acting in accordance with the letter and spirit of the policy.



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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

<b>Policy Name:</b>	Cost of Governance	<b>Number:</b>	GP-11
<b>Policy Type:</b>	Governance Process	<b>Date Approved:</b>	April 16, 2010

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Because poor governance costs more than learning to govern well, the Council will invest in its governance capacity.

1. The Council recognizes that continual updating of skills and awareness of new issues are vital to a member's contribution to the Council. Therefore, it is expected that:
  - 1.1. New Councilors shall receive a complete orientation to ensure familiarity with the health care system and issues, the College's structure and issues, and the Council's process of governance.
  - 1.2. Potential candidates for election or appointment to Council shall be provided with information that clearly outlines the role and expectations of members of Council.
  - 1.3. Councilors collectively shall have ongoing opportunity for continued training and education to enhance their governance capabilities to a maximum of \$25,000.00 per year.
2. Outside monitoring assistance may be arranged so that the Council can exercise sufficient control over organizational performance. This includes, but is not limited to fiscal audit.
3. The Council will establish governance process policies and a governance action plan which will serve as measurable standards against which the Council's performance can be evaluated.
  - 3.1. Under the leadership of the chairperson, at least on an annual basis the Council will conduct a self-evaluation. As a result of this evaluation, the Council will include in its governance action plan specific goals and objectives for improvement of identified areas.
  - 3.2. The Council will monitor its adherence to its own Governance Process policies on a regular basis. Upon the choice of the Council, any policy can be monitored at any time. However, at minimum, the Council will both review the policies, and monitor its own adherence to them, according to the following schedule:

## Policy

## Review & Monitor Adherence

GP-1	Global Governance Process Policy	Annually
GP-2	Governing Style	Each meeting
GP-3	Council Job Description	Annually
GP-4	Council Linkage with Ownership	Annually
GP-5	Chairperson's Role	Annually
GP-6	Council Committee Principles	Annually
GP-7	Council Committee Structure	Annually
GP-8	Council and Committee Expenses	Annually
GP-9	Code of Conduct	Annually
GP-10	Conflict of Interest	Annually
GP-11	Cost of Governance	Annually
GP-12	Council Linkage with Other Organizations	Annually
GP-13	Council Planning Cycle and Agenda Control	Annually
GP-14	Values Re: Complaint Resolution	Annually
GP-15	Public Access to Council Meetings	Annually
GP-16	Appeals to the Council as a Result of the Quality of Care Review Process	Annually
GP-17	Development of Policies Governing the Practice of Medicine	Semi-annually

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Council Linkage with Other  
Organizations

**Number:** GP-12

**Policy Type:** Governance Process

**Date Approved:** June 25, 2010

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**1. Government**

1.1. The Council shall ensure that the College's interests are represented to governments and government agencies.

**2. College Membership in Other Organizations**

2.1. The Council shall consider the merits of membership in other organizations annually. This consideration shall include, but not be limited to:

2.1.1. The degree to which participation in the organization will further the Ends of the College

2.1.2. The benefits to the College of membership compared to the cost of membership.

**3. Appointments to External Policy or Advisory Committees**

3.1. Upon request for College appointments to external committees, the Council will assess whether such representation is appropriate within the Council's stated policies and current priorities. If this assessment is positive, the Council will appoint appropriate representatives. Issues of confidentiality, information sharing and College support shall be discussed and agreed upon by the committee's chair, the College's appointee, and the Registrar.

3.2. The College's appointee shall provide information reports as appropriate, to be determined by the Council at the time of appointment.

2.1. Since the College appointee is representing the Council, the appointee shall be kept informed of current Council policies that might affect deliberations of the Committee in question. Any representations made on behalf of the Council shall adhere to the stated policies of the Council. Any issues requiring the statement of a new policy position on the part of the Council shall be brought to the Council for decision.

#### **4. Relationships with Other Organizations**

- 4.1. The Council shall identify other organizations with which it requires good working relationships in order to achieve its Ends. It will establish mechanisms for maintaining open communication with these organizations. Such mechanisms may include, but are not limited to:
  - 4.1.1. Inviting representatives of the Councils or Boards of those organizations to Council meetings.
  - 4.1.2. Meeting jointly with other Councils and Boards on occasion.
  - 4.1.3. Requesting the Registrar to establish linkages at a staff level, and to report on areas of mutual interest and activity.
  - 4.1.4 Attendance by the Chairperson or designate at official functions of organizations.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

<b>Policy Name:</b>	Council Planning Cycle and Agenda Control	<b>Number:</b>	GP-13
<b>Policy Type:</b>	Governance Process	<b>Date Approved:</b>	April 16, 2010

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1. The Council shall maintain control of its own agenda by developing each year no later than the second quarter of the Council's term of office, an annual schedule which includes, but is not limited to:
  - 1.1. Considered review of the Ends in a timely fashion which allows the Registrar to build a budget.
  - 1.2. Consultations with selected groups in the ownership, or other methods of gaining ownership input, prior to the above review.
  - 1.3. Scheduled time for education related to ends determination (for example, presentations relating to the external environment, demographic information, exploration of future perspectives which may have implications, presentations by advocacy groups, and staff).
  - 1.4. Scheduled time for monitoring of the Council's own compliance with its Governance Process policies, and for review of the policies themselves.
  - 1.5. Scheduled time for monitoring compliance by the Registrar with Executive Limitations policies, and for review of the policies themselves. Monitoring reports will be provided and read in advance of the Council meeting, and discussion will occur only if reports show policy violations, if reports do not provide sufficient information for the Council to make a determination regarding compliance, or if policy criteria are to be debated.
  - 1.6. Scheduled time for governance education.
2. Based on the outline of the annual schedule, the Council delegates to the Chairperson the authority to fill in the details of the meeting content. The detailed agenda shall be prepared jointly by the Council Chairperson and the Registrar. Potential agenda items shall be carefully screened to ensure that they relate to the Council's job description, rather than simply reviewing staff activities. Screening questions shall include:
  - 2.1. Clarification as to whether the issue clearly belongs to the Council or the Registrar.
  - 2.2. Identification of what category an issue relates to - ends, executive limitations, governance process, Council-executive linkage, practice of medicine.
  - 2.3. Review of what the Council has already said in this category, and how the current issue is related. Has the Council already dealt with the issue - if so, in what way? Is the issue one level below current Council policy, or several levels lower? What is the broadest way to address this issue so that it is still "under" the Council policy that already exists?

3. The Chairperson of the Council will assign agenda items to the draft agenda for the open and in-camera meetings in a manner that:
  - 3.1. Is compliant with Council Policy GP-15, and
  - 3.2. Regulatory proceedings convened under Section 54 and/or Section 48 of **The Medical Profession Act, 1981** are scheduled on the open Council agenda.
4. The Secretary to the Council shall identify by number on the Council agendas each of the information documents relevant to each agenda item.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Values Re: Complaint Resolution                      **Number:** GP-14  
**Policy Type:** Governance Process                                      **Date Approved:** June 25, 2016

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In GP-14 “complaints” refers to concerns expressed to the College about the conduct or performance of members, by whatever means those are addressed by the College.

Council is committed to ensuring that in the process of resolving complaints justice is done and justice is seen to be done.

Accordingly, all processes shall ensure fairness and equity to both complainant and respondent, and the observation of due process and the principles of natural justice, specifically:

1. Ease of access to the complaints process.
2. Timely response and resolution.
3. Fair opportunity for both sides of an issue to be heard.
4. Deliberation by individuals who are competent and knowledgeable regarding the issue being decided.
5. Due diligence in consideration of the issue.
6. Consistent treatment of similar cases.
7. Transparency in the process used.
8. Cost-effectiveness in the process used, provided that none of the other principles are violated.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Public Access to Council Meetings	<b>Number:</b>	GP-15
<b>Policy Type:</b>	Governance Process	<b>Date Approved:</b>	April 16, 2010

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1. At the outset of each Council meeting, the Council shall meet initially in-camera to review and adopt the final Council agendas.
  - 1.1. During this initial meeting, at the request of any Council member, and in compliance with a simple majority vote of those Councilors present, any agenda item may be moved from the open agenda to the in-camera agenda, or vice versa.
  - 1.2. In respect to matters scheduled for the Council consideration in the open session, at the request of any Council member, and in compliance with a simple majority vote of those Councilors present, any information document for consideration by the Council at that meeting may be excluded from access by the public and/or the public media, or the Council may impose such conditions on the release of such documents that the Council may direct.
  - 1.3. Any document identified on the open Council agenda which is not explicitly protected by the Council pursuant to Section 1.2 above is accessible by the public and the public media.
  - 1.4. Once the Council has fixed its agendas for both the open and the in-camera sessions and designated those documents excluded from public access, the Council Chairperson may convene the open or the in-camera meeting.
    - 1.4.1. When the Chairperson of the Council convenes the open meeting, the Chairperson or the Council shall advise the observers present of any changes made to the draft agenda for the open session.
2. Meetings will be open to the public for all governance related matters except where those policy matters relate to litigation and personnel issues. Any councilor may request Council go in camera but:
  - 2.1. The reason for going in camera must be stated.
  - 2.2. Council may include no one else or anyone else it chooses.
  - 2.3. Authority to go in camera is vested in the Chairperson of Council unless overridden by a simple majority vote.
  - 2.4. Where possible, announcement of the intention to go in camera should be on the agenda.
3. No right is extended to public observers to actively participate in meetings.

No recording devices or cameras are permitted without the permission of the Chairperson.



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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Appeals to Council as a Result of the Quality of Care Review Process	<b>Number:</b>	GP-16
<b>Policy Type:</b>	Governance Process	<b>Date Approved:</b>	June 24, 2016

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Council wishes to ensure that its philosophy of complaints resolution as outlined in policy GP-14 is adhered to. This policy describes under what circumstances a party may appeal the decisions arising from the Quality of Care review process to Council and the latitude of Council's response to such an appeal.

1. Any party to the Quality of Care review process may make an appeal to Council in the following circumstances:
  - 1.1. Where the party has exhausted the internal processes as established by the Registrar, and
    - 1.1.1. If the party alleges that a rule or rules of the Quality of Care review process was or were violated including violation of the principles of natural justice or fairness;
      - 1.1.1.1. This would include situations in which the party alleges that they were treated in a manner that discriminated on the basis of their age, gender, race, religion or sexual orientation.
2. All appeals will be:
  - 2.1. Presented to Council in written form and will restrict themselves to dealing with the issues covered in Section 1 of this policy.
  - 2.2. Will be determined on the basis of the record.
3. Upon receiving an appeal, Council may make such an order as may be appropriate and necessary which, without limiting the generality of the foregoing, may include one or more of the following:
  - 3.1. Council may confirm the result of the Quality of Care review process;
  - 3.2. Council may refer the matter back to the Registrar or any person or persons delegated by the Registrar to handle complaints with or without guidance as to its findings regarding issues in Section 1 of this policy;
  - 3.3. Council may vary the result of the Quality of Care review process;
  - 3.4. Council may substitute its own decision for that of the Quality of Care review process;
  - 3.5. Council may quash the result of the Quality of Care review process.
4. Nothing in this policy precludes or restricts the powers of Council under Part V of the Medical Profession Act or its bylaws.
5. Nothing in this policy precludes the rights of persons to appeal under Part VI of the Medical Profession Act or its bylaws.



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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Development of Policies Governing the Practice of Medicine      **Number:** GP-17

**Policy Type:** Governance Process      **Date Approved:** April 16, 2010

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Council believes that policies governing medical practice have the potential to have positive influence on public safety and the provision of high quality medical care.

1. Council reserves to itself the authority to determine College policies governing the standards of the practice of medicine.
2. There are four types of policies regarding standards of practice as they may be presented to Council.
  - 2.1. Policy initiatives that Council sets as priorities as part of a regular policy cycle.
    - 2.1.1. This type of policy requires forward thinking on the part of Council.
  - 2.2. Policies of other organizations which Council is asked to endorse but where endorsement is not essential.
  - 2.3. Policies which Council is required to approve before they can take effect.
  - 2.4. Policies that need to be adopted because a member, another organization, or a representative of the moral ownership has identified a policy void.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Policy Cycle Process for Council Initiated Policies Governing the Practice of Medicine	<b>Number:</b>	GP-17.1
<b>Policy Type:</b>	Governance Process	<b>Date Approved:</b>	April 16, 2010

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Council wishes to control the agenda for development of policies governing medical practice in a proactive rather than a reactive manner. This policy governs the development of those policies of the Practice of Medicine which are of the first (proactive) type. Council will determine the policy priorities and the Registrar will conduct the policy formulation process. The Council will use the following procedure to ensure that policies are considered and adopted in a thoughtful and orderly manner.

1. The Council will create a list of priorities for policy development in advance of each policy cycle.
  - 1.1. The Policy cycle will begin every six months.
  - 1.2. Practice of Medicine policy topics will directly relate to the accomplishment of the Ends established by Council. The impact of the planned policies will be incorporated into the Ends policies as more specific interpretations.
2. Council will classify the priority list in terms of:
  - 2.1. Importance to medical practice.
  - 2.2. Need (probable positive impact).
  - 2.3. Urgency.
  - 2.4. Any other criteria Council deems appropriate.
3. Council will consult with the Registrar as to how many policies she/he can research and develop within the budget.
4. Council will consult with the Registrar as to whether she/he perceives there to be areas where policy is needed.
5. Council will determine which policies on the priority list are to be formulated and/or reviewed in the upcoming policy cycle.
6. Council must accomplish this task by the beginning of the policy cycle.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Policies Required by External Bodies      **Number:** GP-17.2  
**Policy Type:** Governance Process      **Date Approved:** April 16, 2010

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This policy governs the handling of policies governing the practice of medicine that Council is required to support before they can take effect. These policies are different from College generated policies for two reasons. First, they do not coincide with the Council's policy cycle, and second, they originate outside the College.

1. Council is ultimately responsible for deciding whether or not to approve these policies, but will do so according to this policy.
2. Council will examine evidence from the Registrar that adequate research has been done to bring such a policy before Council for approval.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Policies of External Origin

**Number:** GP-17.3

**Policy Type:** Governance Process

**Date Approved:** April 16, 2010

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This policy governs the handling of policies governing medical practice that are adopted by other organizations and which Council is asked to support. These policies are different from College generated policies for two reasons. First, they do not coincide with the Council's policy cycle, and second, they originate outside the College.

1. The planning cycle of the College must be controlled internally. The Council will not be tempted to devote scarce resources to policy analysis and review unless such activity genuinely furthers the Ends of Council in a substantive way.
2. When presented with Practice of Medicine issues or external policies, Council will determine whether the issue is of such importance as to be inserted as a priority in the Ends.
  - 2.1. If Council decides the policy must be dealt with, the Registrar is entitled to ask for guidance as to what will be dropped from Ends.
  - 2.2. Further review and development of the policy will follow the process in GP-17.1.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Flexibility and Ability to React                      **Number:** GP-17.4  
**Policy Type:** Governance Process                                      **Date Approved:** April 16, 2010

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Although it is recognized that planning is crucial to the process of developing policies governing medical practice, Council needs the ability to address emerging issues in the governance of the practice of medicine.

1. Under Policy EL-9, the Registrar will not let the Council be unaware of “relevant trends, relevant potential public policy changes or changes in the assumptions upon which any Council policy has previously been established.”
2. Under Policy GP-4(3), Council shall gather data and interact with the public in a way that reflects the diversity of the moral ownership.
3. If the Registrar, or Councilor(s), bring to the Council concerns because of a void in the policies governing the practice of medicine, the Council will review the need to pursue the policy area in light of:
  - 3.1. Progress of work on policies identified in that policy cycle’s Policy List formulated under Policy GP-17.1.
  - 3.2. The overall priority of the newly identified policy void in comparison with other approved policy initiatives.
  - 3.3. The resources available to the Registrar to pursue policy analysis in the newly identified area.
4. Council may choose to change the overall priorities they initially assigned under Policy GP-17.1.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** General Executive Constraint

**Number:** EL-1

**Policy Type:** Executive Limitations

**Date Approved:** April 16, 2010

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The Registrar must not cause or allow any practice, activity, decision or organizational circumstance which is either unlawful, imprudent, or in violation of commonly accepted business and professional ethics.



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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

<b>Policy Name:</b>	Treatment of Staff	<b>Number:</b>	EL-2
<b>Policy Type:</b>	Executive Limitations	<b>Date Approved:</b>	April 16, 2010

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The Registrar shall not cause or allow practices or conditions which fail to protect the rights of employees, job applicants and appointed committee members to fair, equitable, and humane treatment.

The Registrar shall not:

1. Fail to develop and implement written human resource policies and procedures which clarify expectations and working conditions for staff, provide for effective handling of grievances, protect against wrongful conditions, and protect against unsafe conditions.
2. Discriminate against any staff member for expressing an ethical job-related dissent.
3. Prevent staff from appealing to the Council when (a) internal grievance procedures have been exhausted, and (b) the employee alleges either that Council policy has been violated to the employee's detriment, or that Council policy does not adequately protect the employee's human rights.
4. Fail to ensure that there is an effective staff education and development process in place.
5. Fail to acquaint staff with their rights under this policy.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Financial Planning

**Number:** EL-3

**Policy Type:** Executive Limitations

**Date Approved:** April 16, 2010

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Budgeting for any fiscal period or the remaining part of any fiscal period shall not deviate materially from Council-stated Ends priorities in allocation of resources, risk fiscal jeopardy nor fail to be derived from a multi-year plan.

Accordingly, the Registrar shall not cause or allow budgeting which:

1. Contains too little detail to enable reasonably accurate projection of revenues and expenses, separation of capital and operational items, cash flow, and subsequent audit trails.
2. Fails to disclose planning assumptions.
3. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.
4. Fails to provide adequate funds for the Council's direct use during the year, such as costs of fiscal audit, Council development, Council and committee meetings, and Council legal fees.
5. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve ends in future years.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Financial Condition

**Number:** EL-4

**Policy Type:** Executive Limitations

**Date Approved:** April 16, 2010

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With respect to the actual, ongoing financial conditions and activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Council priorities established in *Ends* policies.

Accordingly, the Registrar shall not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline below is met.
  - 1.1. Borrow more than 100% of the value of invested funds other than the capital fund on a short-term basis to cover operating expenses.
  - 1.2. Indebt the organization in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.
  - 1.3. Borrow funds in an amount greater than the value of invested funds in order to obtain a financial advantage which is superior to cashing in investments.
2. Shift funds between accounts unless those funds can be returned within 30 days without borrowing.
3. Use any long-term reserves.
4. Settle payroll and debts in an untimely manner.
5. Allow the collection of accounts receivable to be undertaken in an untimely manner.
6. Allow government ordered payments or filings to be overdue or inaccurately filed.
7. Fail to designate signing authorities for financial documents.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Asset Protection

**Number:** EL-5

**Policy Type:** Executive Limitations

**Date Approved:** April 16, 2010

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The Registrar shall not allow assets to be unprotected, inadequately maintained or unnecessarily risked.

Accordingly, the Registrar shall not:

1. Fail to maintain adequate insurance against theft, fire and casualty losses, and against liability losses to Councilors, staff and individuals engaged in activities on behalf of the College, or the College itself.
2. Unnecessarily expose the College, its Councilors or staff to claims of liability.
  - 2.1. Fail to arrange for adequate indemnification against potential claims of liability.
3. Fail to maintain employee dishonesty insurance coverage for all employees.
4. Receive, process or disburse funds under internal controls which do not meet the Council-appointed auditor's standards.
5. Cause or allow plant and equipment to be subjected to improper wear and tear or insufficient maintenance.
6. Make purchases without due consideration to quality, after-purchase service, value for dollar, and opportunity for fair competition. The Registrar shall not:
  - 6.1. Make any purchase wherein normally prudent protection has not been given against conflict of interest.
  - 6.2. Make any unbudgeted capital expenditure of greater than \$10,000.
7. Fail to protect intellectual property, information and files from loss or significant damage.
8. Fail to comply with the investment policies developed by the Finance Committee and adopted by the Council.
9. Acquire, encumber or dispose of land or buildings.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

**Policy Name:** Interactions with Members and Public      **Number:** EL-6  
**Policy Type:** Executive Limitations      **Date Approved:** April 16, 2010

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With respect to interactions with members or the public, the Registrar shall not cause or allow conditions, procedures or decisions that are unsafe, disrespectful, undignified, unnecessarily intrusive, or which fail to provide adequate confidentiality or privacy. Accordingly, the Registrar shall not:

1. Fail to ensure that the benefits and responsibilities of membership are clearly communicated.
2. Fail to utilize whenever possible a consistent collaborative problem solving process which is in the best interests of the College and the public.
3. Fail to establish a process which ensures that member and public concerns and complaints are responded to fairly, consistently, respectfully, and in a timely manner.
4. Release to the public or media information regarding an investigation of a member that is currently underway. Therefore the Registrar shall not:
  - 4.1. Proactively identify physicians under investigation.
  - 4.2. Confirm or deny that an investigation is in progress unless risk of harm is a possibility.
  - 4.3. Permit any external inquiry about an investigation underway to be handled by anyone other than the Registrar or designate.
  - 4.4. Release a document or information about a document that is in contravention of a direction of the Council that a document be excluded from access by the public and/or the public media pursuant to GP-15.
  - 4.5. Release a document or information about a document that is in contravention of a direction of the Council that has imposed conditions upon the release of such a document pursuant to GP-15.
  - 4.6. Paragraphs 4, 4.1, or 4.2 do not apply in circumstances in which a PIC report or other investigational report is:
    - 4.6.1 Brought into the public domain through a court application;
    - 4.6.2 Considered by the Council in open session without the Council excluding the report from access by the public and/or the public media; or
    - 4.6.3. Released in accordance with a conclusion by the Registrar that the release is consistent with the Council value of an appropriate balance between confidentiality and transparency found in GP-2.

5. Fail to make information about undertakings provided by physicians available to the public in the following circumstances:
  - 5.1 The information relates to a restriction or limitation on the physician's ability to practice or relates to conditions with which the physician must comply in relation to the physician's practice; and
  - 5.2 The undertaking was given to the College as a result of concerns arising from the physician's conduct, performance or fitness to practice.
  - 5.3 The information made available to the public shall not include information which identifies the health status of the physician except in circumstances that the Registrar concludes the information should be released consistent with the Council value of an appropriate balance between confidentiality and transparency found in GP-2.
  - 5.4 The obligation to make information about undertakings public described in 5.1 and 5.2 shall not apply if the Registrar concludes that failing to make such information publicly available or limiting the amount of information that is publicly available would be consistent with the public interest and the College's public protection mandate in E-2.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

<b>Policy Name:</b>	Regulatory Functions	<b>Number:</b>	EL-7
<b>Policy Type:</b>	Executive Limitations	<b>Date Approved:</b>	June 24, 2016
<b>Amended:</b>	June 16, 2018		

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The Registrar shall not fail to ensure that the provisions of *The Medical Profession Act, 1981* regarding the practice of medicine in Saskatchewan are enforced, consistent with Council's interpretation of the *Act* through its Bylaws/Policies.

Accordingly, the Registrar shall not:

1. Fail to ensure that the standards established by the College of Physicians and Surgeons of Saskatchewan are upheld.
2. Fail to ensure compliance with Council's stated values (Policy GP-14) regarding the process of handling complaints.
  - 2.1. Fail to ensure that complainants receive fair hearing of their concerns and are informed of the progress and outcomes of all investigations.
  - 2.2. Failure to ensure that complainants and respondents are aware of their rights and of the process used to investigate and resolve complaints.
  - 2.3. Operate without a mechanism for Council review if the complainant or respondent allege that Council policy regarding the process of handling complaints has been violated.
3. Operate without a Quality of Care Advisory Committee of which 50 percent are College members and 50 percent are members of the public.
  - 3.1 Fail to involve the Quality of Care Advisory Committee, the Executive Committee or the Council where the nature of the complaint may create a significant risk of harm to the public.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Compensation and Benefits

**Number:** EL-8

**Policy Type:** Executive Limitations

**Date Approved:** April 16, 2010

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With respect to employment, compensation and benefits to employees, consultants, and contract workers, except individuals serving on College Committees, the Registrar shall not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, the Registrar shall not:

1. Change his/her own compensation and benefits.
2. Promise or imply life-long or guaranteed employment.
3. Establish current compensation and benefits which:
  - 3.1. Deviate materially from the geographic or professional market for the skills employed.
  - 3.2. Create obligations over a long term greater than revenues which can be safely projected.
  - 3.3. Are discriminatory.
4. Establish or change pension benefits.



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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Communication and Support to the Council	<b>Number:</b>	EL-9
<b>Policy Type:</b>	Executive Limitations	<b>Date Approved:</b>	April 16, 2010

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The Registrar shall not permit the Council to be uninformed or unsupported in its work. Accordingly, the Registrar shall not:

1. Let the Council be unaware of relevant trends, relevant potential public policy changes, anticipated adverse media coverage, significant external and internal changes, lawsuits against the organization, or changes in the assumptions upon which any Council policy has previously been established.
2. Fail to communicate with the Chairperson in a regular and timely fashion to foster awareness of College activities and challenges.
3. Fail to submit the required monitoring data in a timely, accurate and understandable fashion, directly addressing provisions of the Council policies being monitored.
4. Fail to advise the Council if, in the Registrar's opinion, the Council is not in compliance with its own policies on Governance Process and Council-Registrar Relationship, particularly in the case of Council behavior which is detrimental to the work relationship between the Council and the Registrar.
5. Fail to co-ordinate as many staff and external points of view, issues and options as needed for fully informed Council choices.
6. Present information in unnecessarily complex or lengthy form.
7. Fail to provide a timely, secure mechanism for official Council, officer or committee communications.
8. Fail to deal with the Council as a whole except (a) for fulfilling individual requests for information or (b) for responding to officers or committees duly charged by the Council.
9. Fail to provide reasonable administrative support for Council activities.
10. Fail to report actual or anticipated non-compliance with any policy of the Council.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Emergency Executive Succession      **Number:** EL-10  
**Policy Type:** Executive Limitations      **Date Approved:** April 16, 2010

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In order to protect the Council from sudden loss of chief executive services, the Registrar shall ensure there are other executive members familiar with current and pending Council and chief executive issues and processes.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

<b>Policy Name:</b>	Public Image	<b>Number:</b>	EL-11
<b>Policy Type:</b>	Executive Limitations	<b>Date Approved:</b>	April 16, 2010

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The Registrar shall not endanger the College's public image or credibility, particularly in ways that would hinder its accomplishment of mission.

Accordingly, the Registrar shall not:

1. Fail to establish an effective corporate communications and public relations strategy.
2. Permit presentations to be made which portray as Council policy information that is contrary to Council positions set out in Council policy.
3. Permit staff members other than him/herself or designate to make presentations regarding Council policy.
4. Fail to communicate effectively with the membership, key stakeholders, the media and the general public regarding College policies and initiatives.
5. Release Council position statements prior to Council approval.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Partnerships & Interorganizational Relationships      **Number:** EL-12  
**Policy Type:** Executive Limitations      **Date Approved:** April 16, 2010

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The Registrar shall not fail to develop appropriate partnerships and interorganizational relationships in order to provide collegial leadership with as many stakeholders as desirable to maximize efficiency and effectiveness in the use of resources. Accordingly, the CEO shall not:

1. Develop collaborative relationships with organizations whose policies and practices are incompatible with the Council's stated policies.
2. Allow provision of College services to external agencies, except where there is mutual benefit, without ensuring full recovery of costs incurred in the provision of service.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Information Management

**Number:** EL-13

**Policy Type:** Executive Limitations

**Date Approved:** April 16, 2010

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The Registrar shall not fail to develop and maintain efficient information systems/technology which assist the organization in effectively carrying out and evaluating the Council's Ends. Accordingly, the Registrar shall not:

1. Fail to meet legislated requirements for collection, retention, confidentiality, and release of information.
2. Fail to maintain an up-to-date prioritised plan for necessary information systems/technology enhancements or acquisitions.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Development of Policies Governing the Practice of Medicine      **Number:** EL-14

**Policy Type:** Executive Limitations      **Date Approved:** April 16, 2010

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The Registrar shall not fail to develop for Council's final approval, policies governing the practice of medicine in accordance with the priority list created by Council.

Accordingly, the Registrar shall not:

1. Fail to advise Council of areas where she/he perceives that policies are needed.
2. Fail to advise Council of the number of policies that can reasonably be developed in any policy cycle within the budget.
3. Fail to ensure that:
  - 3.1. The Policy development included review of best practice and findings in the literature.
  - 3.2. The practice of other relevant jurisdictions has been considered.
  - 3.3. Research findings have been reviewed and considered.
  - 3.4. There has been input from the membership, and specifically from physicians practicing in the area to which the policy applies.
  - 3.5. There has been consultation with other groups, where appropriate.
  - 3.6. There is a future orientation.
  - 3.7. The policy is consistent with any legal requirements.
  - 3.8. The policy is realistic and enforceable.
4. Fail to bring completed policies to the Council for final approval.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Approval of Externally Generated  
Policies Governing the Practice  
of Medicine

**Number:** EL-15

**Policy Type:** Governance Process

**Date Approved:** April 16, 2010

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The Registrar shall not fail to bring to Council for final approval, policies governing the Practice of Medicine which are required by external bodies.

Accordingly, the Registrar shall not fail to provide to the Council:

1. An information letter which provides affirmation that the Registrar is satisfied adequate research has been done, and there is adequate information to make a recommendation.
2. A recommendation as to whether or not to approve the policy.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

<b>Policy Name:</b>	Delegation to the Registrar	<b>Number:</b>	CR-1
<b>Policy Type:</b>	Council-Registrar Relationship	<b>Date Approved:</b>	April 16, 2010

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The Council will delegate authority and accountability to staff only through the Registrar, as CEO.

1. The Council will direct the Registrar to achieve specified results, for specified recipients, at a specified worth, through the establishment of *Ends* policies. The Council will limit the latitude the chief executive may exercise in practices, methods, conduct and other “means” to the ends through establishment of Executive Limitations policies.
2. As long as the Registrar uses any reasonable interpretation of the Council’s Ends and Executive Limitations policies, the Registrar is authorized and required to establish all further policies, make all decisions, take all actions and develop all activities.
3. The Council may change its Ends and Executive Limitations policies, thereby shifting the boundary between Council and Registrar domains. By so doing, the Council changes the latitude of choice given to the Registrar, but so long as any particular policy is in place, Councilors collectively and individually will respect and support the Registrar choices. This does not prevent the Council from obtaining information from the Registrar about the delegated areas.
4. Only decisions of the Council acting as a body are binding upon the Registrar.
  - 4.1. The relationship between the Registrar and any individual councilor is collegial, not hierarchical. As the Registrar is accountable only to the full Council, and as no Councilor has authority individually, the Registrar and Councilors are equals.
  - 4.2. Decisions or instructions of individual Councilors, officers, or committees are not binding on the Registrar except in instances when the Council has specifically authorized such exercise of authority.
  - 4.3. In the case of Councilors or committees requesting information or assistance without Council authorization, the Registrar can refuse such requests that require - in the Registrar’s judgment - a material amount of staff time or funds or is disruptive.
5. Only the Council acting as a body can employ, terminate, discipline, or change the conditions of employment of the Registrar.



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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

<b>Policy Name:</b>	Registrar Job Description	<b>Number:</b>	CR-2
<b>Policy Type:</b>	Council-Registrar Relationship	<b>Date Approved:</b>	April 16, 2010

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As the Council's single official link to the operating organization, the Registrar's performance is considered to be synonymous with organizational performance as a whole.

Consequently, the Registrar's job contributions can be stated as performance in only two areas:

1. Organizational accomplishment of the provisions of Council policies on Ends.
2. Organization operation within the boundaries of prudence and ethics established in Council policies on Executive Limitations.

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## COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN COUNCIL POLICY

**Policy Name:** Monitoring Registrar Performance      **Number:** CR-3  
**Policy Type:** Council-Registrar Relationship      **Date Approved:** April 16, 2010

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Monitoring the performance of the Registrar is synonymous with monitoring organizational performance against Council policies on Ends and on Executive Limitations. Any evaluation of the Registrar’s performance, formal or informal, may be derived only from these monitoring data.

1. The purpose of monitoring is to determine the degree to which Council policies are being implemented. Information which does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible using a minimum of Council time so that meetings can be used to create the future rather than to review the past.
2. A given policy may be monitored in one or more of three ways:
  - 2.1. Internal report: A written report to the Council from the Registrar providing evidence of compliance with Ends or Executive Limitations.
  - 2.2. External report: Discovery of compliance information by an impartial, external agent who is selected by and reports directly to the Council. Such reports must assess executive performance only against policies of the Council, not those of the external party, unless the Council has previously indicated that party’s opinion to be the standard.
  - 2.3. Direct Council review: Discovery of compliance information by a Councilor, a committee or the Council as a whole. This is a Council inspection of documents, activities or circumstances directed by the Council which allows a “prudent person” test of policy compliance. Such an inspection is only undertaken at the instruction of the Council, and with the Registrar’s knowledge.
3. Based upon a decision of the Council, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the Council according to frequency and method.

<b>Policy</b>	<b>Method</b>	<b>Frequency</b>
E-1 Mission	Internal Report	Annually
E-2 Public Protection	Internal Report	Annually
E-3 A Quality Health Care System	Internal Report	Annually
E-4 Healthy Public Policy	Internal Report	Annually
E-5 Medical Profession Prepared for Future	Internal Report	Annually
E-6 A Self-Regulated Profession	Internal Report	Annually

<b>Policy</b>	<b>Method</b>	<b>Frequency</b>
EL-1 General Executive Constraint	Internal Report	Annually
EL-2 Treatment of Staff	Internal Report	Annually
EL-3 Financial Planning	Internal Report	Annually
EL-4 Financial Condition	Internal Report & External Audit	Annually
EL-5 Asset Protection	Internal Report External Audit	Annually Annually
EL-6 Interactions with Members and Public	Internal Report	Annually
EL-7 Regulatory Functions	Internal Report	Annually
EL-8 Compensation and Benefits	Internal Report	Annually
EL-9 Communication and Support to Council	Direct Review	Annually
EL-10 Emergency Executive Succession	Internal Report	Annually
EL-11 Public Image	Internal Report	Annually
EL-12 Partnerships & Interorganizational Relationship	Internal Report	Annually
EL-13 Information Management	Internal Report	Annually
EL-14 Development of Policies Governing the Practice of Medicine	Internal Report	Annually
EL-15 Approval of Externally Generated Policies Policies Governing the Practice of Medicine	Internal Report	Annually

4. A formal evaluation of the Registrar by the Council will occur annually, based on the achievement of the Council's Ends Policies and non-violation of its Executive Limitations policies. This formal evaluation will be conducted as a summation of previous regular monitoring data. The results will be communicated to the Registrar.

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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN  
COUNCIL POLICY**

**Policy Name:** Interpretation of Council Policies  
Governing the Practice of Medicine

**Number:** CR-4

**Policy Type:** Council-Registrar Relationship

**Date Approved:** April 16, 2010

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Council recognizes that the Registrar and his/her delegates routinely handle inquiries from members and the moral ownership regarding the Practice of Medicine.

1. Where there is no explicit policy regarding the inquiry, the Registrar and his/her delegates *are authorized to* offer advice and information which is consistent with existing governance policies.