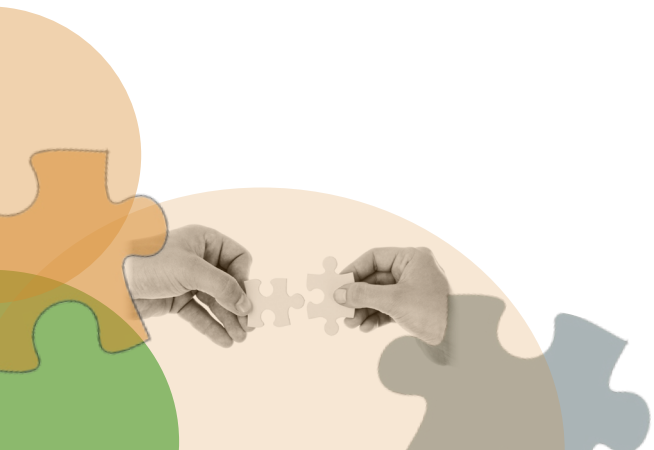
PRINCIPLED • ACCOUNTABLE • TRANSPARENT • PROGRESSIVE • COLLABORATIVE • SERVICE-ORIENTED



Annual Report 2015

About the College

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

- Licensing qualified medical practitioners;
- Developing policies, standards of practice in all fields of medicine and ensuring their implementation;
- Receiving and reviewing complaints, including disciplining physicians whose standards of medical care and/or ethical and/or professional conduct are brought into question
- Administering quality assurance programs for the Government of Saskatchewan.

Table of Contents

NOTE: *This report reflects Council and College activities from January 1 to December 31, 2015.*

MISSION, VISION & VALUES

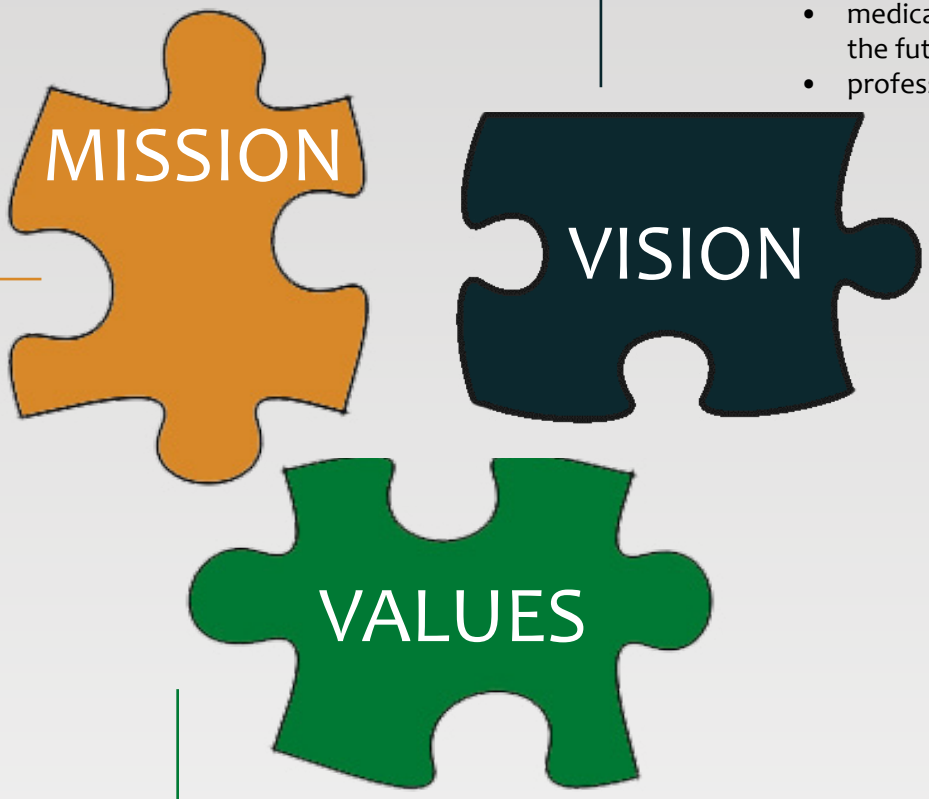
OUR MISSION

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

OUR VISION

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

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



OUR VALUES

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

- **Principled** - acting in a fair, ethical and just manner.
- **Accountable** - performing in the best interest of the public while demonstrating effective stewardship to our membership.
- **Transparent** - being open, honest and forthright with information while recognizing limitations and constraints.
- **Progressive** - forward thinking, innovative, while responding to the changing environment and being an effective force for change.
- **Collaborative** - working effectively with partners and other organizations to achieve desired outcomes.
- **Service Oriented** - engaging others in a respectful, courteous, timely and responsive manner

Council

A Message From the President & the Registrar

Dr. Grant Stoneham
President 2015

Dr. Karen Shaw
Registrar & CEO

Determining the standards, principles and values that govern the practice of medicine can be a challenge in today's society where a mosaic of beliefs comes to influence the decision-making process, which is why Council and the College strive to continue to involve both the public and physicians at Council and on various committees and processes.

Entrusted with ensuring that the highest standards of care are provided to patients, the College has been working diligently to strike a fair balance between patient rights to access services and physician rights to exercise conscientious objection. We are proud of the great deal of collaborative work and consultations with the public, physicians and other stakeholders that led to the adoption of a Conscientious Objection policy in June.

Following the Supreme Court's historical decision on February 6 to strike down portions of the law on assisted dying, Council undertook further consultations in drafting a Physician-Assisted Dying policy which was approved in November in preparation for changes to legislation in 2016.

The College continues to collaborate nationally with the Medical Council of Canada (MCC), the Federation of Medical Regulatory Authorities of Canada (FMRAC), the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC), on initiatives such as national standards of practice and Practice-Ready Assessment (PRA) for family practice, psychiatry and general internal medicine.

We continue to work with the Saskatchewan International Physician Practice Assessment (SIPPA) program to ensure that successful candidates are ready for practice in Saskatchewan.

We have partnered with FMRAC and HIROC (an insurance reciprocal) to develop a risk management strategy that will help us identify and mitigate risks.

We continue to improve our operations to ensure efficiency and timeliness. Our Registration Services department has implemented the Application for Medical Registration (AMR) as well as an online registration appointment system and an online corporate registration process. Further improvements to our operations are being made with the procurement of a document management system to be implemented in 2016.

The College is working with a Human Resources consultant to develop job descriptions as we prepare for a performance management system.

We look forward to continued collaboration with partners and stakeholders as a priority for 2016, as we commit to the continuous improvement of the practice of medicine in Saskatchewan.

2015 Key Highlights

- Implementation of Strategic Plan
- Policies
  - Conscientious Objection Policy
  - Physician-Assisted Dying Policy
- Common Standard with Alberta's Methadone Guidelines
- Moved to a new building
- HR Practices Improvement
- IT
  - AMR
  - Online Corporation Renewal
  - Document Management System
  - Online Registration

COUNCIL AND SENIOR STAFF 2015

Back Row: (L-R): Ms. C. Gareau, Mr. C. Mason, Dr. D. Glaeske, Dr. L. Keaveney, Dr. K. Shaw, Mr. A. Battiste, Mr. B. Salte
Dr. M. Chapelski, Dr. T. Maholtra, Dr. J. Carter, Mr. K. Smith, Ms. G. Thompson, Dr. P. Hanekom, Dr. J. Stakiw,
Dr. M. Howard-Tripp, Ms. B. Porter, Ms. S. Robinson
Front Row: (L-R): Mr. M. de la Gorgendière, Dr. O. Oduntan, Dr. A. Beggs, Ms. S. Halland, Dr. G. Stoneham - President,
Dr. S. Kassett, Dr. E. Tsoi, Mr. R. Harder, Dr. P. Smith

Executive committee

Dr. Grant Stoneham	President
Dr. Pierre Hanekom	Vice President
Dr. Alan Beggs	Member at large - Physician Member
Dr. Mark Chapelski	Member at large - Physician Member
Ms. Susan Halland	Member at large - Non-Physician Member

Council Members

Mr. Art Battiste	Saskatoon	Public Member
Dr. Alan Beggs	Regina	Orthopedic Surgery
D. James Carter	Regina	General Surgery
Dr. Mark Chapelski	Lloydminster	Family Medicine
Mr. Marcel de la Gorgendière	Saskatoon	Public Member
Dr. Daniel Glaeske	Assiniboia	General Practice
Ms. Susan Halland	Air Ronge	Public Member
Dr. Pierre Hanekom	Melfort	General Practice
Mr. Ron Harder	Moose Jaw	Public Member
Dr. Suresh Kassett	Herbert	General Practice
Dr. Lynda Keaveney	Kindersley	Family Medicine
Dr. Tilak Malhotra	Prince Albert	Pediatrics
Dr. Oluwole Oduntan	Yorkton	General Practice
Mr. Ken Smith	Saskatoon	Public Member
Dr. Preston Smith	Saskatoon	College of Medicine
Dr. Grant Stoneham	Saskatoon	Diagnostic Radiology
Dr. Edward Tsoi	Estevan	Family Medicine

Strategic Planning

Council members and College staff worked diligently to begin the implementation and execution of Council's Strategic Plan. Several measures have been completed and several more are under development.

ACHIEVED | IN PROGRESS | UNDER DEVELOPMENT | NOT YET ADDRESSED/ ON HOLD

1 OPTIMIZE PRACTICE EXCELLENCE

Customer Value	Indicators
Objective C1 Improve Appropriate Assessment of Physicians for Entry to Practice	*Physicians (family physicians and specialists) are competent to practice at the time of licensure. This includes the pre-licensure assessment and progression through the licensure process until a permanent license is achieved.*

Results

- A framework has been implemented for pre-licensure assessments for specialists.
- Practice ready assessment frameworks for specialists have been implemented. However, few requests have been made thus far.

Customer Value	Indicators
Objective C2 Enhance Competency Throughout the Career Life Cycle (Revalidation)	*Physicians demonstrate evidence of continuing medical education to maintain and enhance competence. Physicians access programs to upgrade skills and knowledge or where they have been de-skilled. Physicians maintain their skills and knowledge and are up to date.*

Results

- The College is involved with a national committee charged with working with the CFPC and the RCPSC to develop processes to track compliance and assist physicians in achieving compliance. A project is underway for 2016 using 2015 data.
- The issue of reviewing physician scope of practice (including scope changes and aging physicians) has been raised with the SMOs of the Regional Health Authorities. No plan has yet been determined.
- Plans for a baseline survey on current practise relating to physician professional learning and to MoH payment database consideration of demographics of actual practice has been put on hold due to programmer workload and budget considerations.
- The Complaints Resolution Advisory Committee has revised its processes and realigned with the College Strategic Plan. A part-time Medical Advisor has been appointed.
- The Diagnostic Imaging Quality Assurance, Laboratory Quality Assurance and Prescription Review Programs continue their work in ensuring physicians are informed and up to date.

Customer Value	Indicators
Objective C3 Increase Compliance of Physicians Working Within their Current Skills and Knowledge	*Physicians appropriately limit their practice to areas where they have skills and knowledge. Physicians are not doing practice they are not currently skilled to do.*

Results

- The College has worked with the CME office at the College of Medicine to create a process and application form for changes to scope of practice. The next step is to involve the Regional Health Authorities (RHA), the Saskatchewan Medical Association (SMA) and the Ministry of Health (MoH).
- A policy and process for Change in Scope of Practice has been approved by Council.

Objective C4
Improve Quality of Practice Standards, Policies and Guidelines Published for the Profession

Practice guidelines regarding issues of concern are available to SK practising physicians, RHAs, and the public in a timely fashion. Consultation and communication regarding practice standards is improved.

RESULTS

- Regulatory sites and other sources are scanned on an ongoing basis. The College ensures proactive reviews of new public policies that may impact practice or pose potential issues. Other agencies' policies are reviewed and reponses are provided.
- Health policies and notices from the MoH are posted on website and forwarded to physicians. Changes are incorporated in CPSS informational documents as necessary. Policy and guideline updates are kept up to date on the website.
- All of the CPSS guidelines and standards have been reformatted and the new PDF versions uploaded to the website.

2 ENHANCE AWARENESS AND TRUST OF THE COLLEGE

IMPROVED PROCESSES

INDICATORS

Objective I1
Improve Internal Effectiveness and Efficiency Processes

Processes are in place to support the most efficient and effective operational functioning of CPSS e.g. data management. Lean methods are used to minimize waste and incorporate more efficient processes. There is improvement of the timeliness of the operational processes and information sharing at CPSS. All operational processes have defined standard processes or work.

RESULTS

- Preparation work for the implementation of a document management system is in progress.
- Initial review and process improvements are complete for the Complaints Resolution Process.
- Process improvements are ongoing for the Registration Department, with a focus on work standards in anticipation of workflow automation once the document management system is fully functional.
- An enhanced Physician Search module has been implemented, with further improvements planned for 2016.

Objective I2
Ensure all Bylaws are Current and Relevant

Bylaws are current and relevant. There is an ongoing annual review of existing Bylaws and updates completed as necessary.

RESULTS

- A process for annual bylaw review will be implemented in 2016.
- Three consultations for two new policies have been done via online survey.
- All of the CPSS guidelines and standards have been reformatted and the new PDF versions uploaded to the website.

Objective I3
Strengthen Customer Service

CPSS provides customers timely responses that are appropriate and correct following due consideration of the issues, with an approach or manner that is professional and acceptable/satisfactory to the customer. Customers may include the public, members, and partners.

RESULTS

- A staff survey on best practices for customer service has been sent out and is awaiting analysis and discussion with the HR consultant.
- Customer service expectations for staff are to be reviewed and improved.
- Spot audits and other service test measures are to be developed.

Objective I4
Improve Communication with External Partners and Stakeholders (External)

CPSS has a communication strategy using a variety of tools and methodology to improve external relations/engagement. The strategy includes communication methods to the physician, public, RHAs, Government, other regulatory bodies, agencies e.g. Saskdocs, SMA, College of Medicine.

RESULTS

- A part-time administrative assistant position in communications was filled to assist the Communications Director.
- Several guides, information documents and promotional items have been developed. A new comprehensive annual report was published.
- A DocTalk (newsletter) publication committee was created, and the editorial policy was updated.
- A communications strategy was drafted and will be implemented in 2016.
- To ensure Internet presence, the website is enhanced and regularly updated, and a Facebook page has been created and maintained.
- Media requests are managed promptly.
- A media listening tool implemented in 2014 continues to be used and the information is made available to Council members as well.
- An improved communications model with external partners and stakeholders is under development.

Objective I5
Enhance Branding to Foster Understanding of Identity and Purpose

There is reduced confusion within the public in regards to the role and mandate of CPSS. CPSS is differentiated from other organizations such as SMA, CoM etc. CPSS has Improved their image as a credible organization. There is a better understanding within RHAs and physicians of the mandate and core services of CPSS.

RESULTS

- The new CPSS branding image is being used when developing all new publications.
- The communications strategy under development includes plans to better engage students and residents.
- A CPSS presence is ensured at the I-PASS student conference, and students and residents receive the same informational e-mails as do physicians.
- An improved communications model with external partners and stakeholders is under development.

3 OPTIMIZE OPERATIONAL EXCELLENCE

ENABLED PEOPLE AND LEADERSHIP

INDICATORS

Objective P1
Improve Alignment of Staff with CPSS Priorities

Staff know how their jobs align with or are linked with the strategic plan. There is an operational plan aligned with the strategic plan that spells out unit/individual responsibilities. Staff have conversations with supervisors regarding their work plan with follow-up regarding outcomes at the end of the year.

RESULTS

- An education and development of standard work plan is in process for the Complaints department.
- An orientation process for staff is in place but requires improvement.
- Regular staff meetings are being held with all staff to brief on current and upcoming activities.

Objective P2
Enhance Personnel Development

The right people with the right qualifications are selected for CPSS positions and oriented appropriately to CPSS. CPSS staff have the skills to do their jobs, receive the training they need to augment their skills and receive regular feedback and appraisals on how well they are performing in their job.

RESULTS

- A new orientation process for new staff is under development and implementation is expected for 2016.
- Performance reviews have been achieved for the Complaints department.
- A process for staff to complete their annual development plans for learning is in place; participation is not yet complete.
- The tool and process for SMT appraisal has been developed. Feedback is ongoing.

Objective P3
Improve Work-Life Harmony for Staff

There are appropriate workloads for CPSS staff. The staff's home life is not compromised by the time and energy that the job consumes at CPSS. The CPSS work environment is stimulating and satisfying. Staff have opportunities to give back to the community.

RESULTS

- An HR consultant position has been filled to develop up to date job descriptions.
- The Registrar continues to review workloads and attempt to level the loads. HR involvement is expected in the future.
- 360-degree surveys for SMT performance reviews have been sent out to staff and external recipients.

Objective P4
Enhance Council Governance Practices

CPSS Council utilizes effective governance practices and evaluates their performance annually. Governance practices may include the effectiveness of fulfilling their role i.e.: setting direction, CEO performance, Council recruitment, orientation, development, and evaluation.

RESULTS

- Councillors reviewed Objective P4 and duscussed strategies to improve Council's governance, including follow-up action lists specific to Council activities and reflecting on processes and procedrues of meetings

RESOURCE STEWARDSHIP INDICATORS

Objective R1
Strengthen Cost Recovery for Services Provided to Physicians

The price of the services charged directly to physicians matches the cost to organization. E.g. certificates of standing, professional corporations, etc.

RESULTS

- Better process developed to monitor the true cost of services, including assessment reviews and private surgical facilities.
- Costs of services have been calculated and reviewed.

Objective R2
Improve Operational Alignment between Cost for External Services and Resources Obtained to Deliver

External service contracts are funded at cost recovery. Contracts are adjusted for inflation/cost of living, administrative costs and for service volumes/demand. Contracts are renewed in a timely fashion. Contracts have a wind down clause to protect employees who may lose employment at the end of a contract.

RESULTS

- Continued review and renewal of contracts for external services to ensure cost recovery is being done.
- Clarification with MoH/RHAs their intent regarding accreditation for Quality Assurance programs and a statement of intent as to whether the College will continue to operate the programs has been obtained. However, negotiating an increase in resources continues to be a challenge.

Objective R3
Maximize Facility Utilization in the Least Disruptive Way

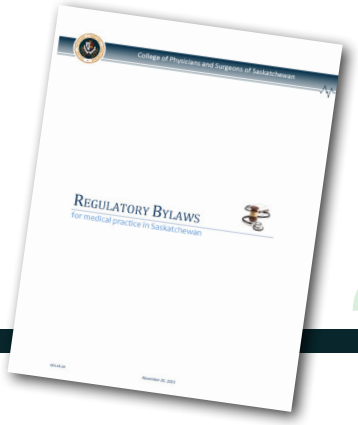
CPSS has clarified the timeframes and planning for the move to the new location. CPSS moves to the new location within 3-years with minimal disruption of service and financial hardship.

RESULTS

- The move to the new building was completed in March, 2015 with minimal disruption of service and financial hardship.

Bylaws, Policies & Guidelines

Development & changes



The Council of the College actively reviews its bylaws to ensure that they remain appropriate. College bylaws are posted on the College's website.

The College's administrative bylaws deal with matters internal to the College, such as terms of reference for committees and processes for meetings.

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

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

In 2015, the College's regulatory bylaws were amended to:

1. Limit the bylaw to situations where buprenorphine is being prescribed for addiction. The bylaw no longer applies to situations where buprenorphine is prescribed for pain control. (Bylaw 19.1)

2. Clarify that the requirements to retain records for the period specified in the bylaw also applies to deceased patients. (Bylaw 23.1)

In 2015, Council adopted or amended the following guidelines and policies to:

POLICY: Clinics that Provide Care to Patients Who Are Not Regular Patients of the Clinic

The Council adopted the policy *Clinics that Provide Care to Patients Who Are Not Regular Patients of the Clinic* which replaced the previous document Walk in Clinics and Episodic Care.

Among the statements in the policy are:

1. Physicians are expected to provide the same standard of care to patients irrespective of the practice setting in which such care is provided and irrespective whether the patient is, or is not, a regular patient of the clinic where the physician works.

2. Suitable administrative systems must be in place to send information about the visit to the patient's family physician or primary care clinic, if the patient has one.

3. Clinics which have more than one physician who works in the clinic are expected to have a managing physician who is responsible to implement appropriate arrangements to handle follow up of test results and develop a policy manual that provided direction to physicians who work in the clinic respecting the policies and standards of the clinic.

Administrative bylaws address matters internal to the College such as constitution of committees, fees charged and election procedures.

Regulatory bylaws address matters such as licensing requirements, what forms of conduct are unprofessional, and standards that physicians must meet while practising in Saskatchewan.

POLICY: Conscientious Objection

Council adopted the Policy Conscientious Objection. It was adopted after considerable discussion, redraft and stakeholder consultation. A number of individuals and organizations expressed strongly-held views about the content of the policy.

Among the expectations contained in the policy are the following:

1. Physicians will not discriminate when determining what services they will provide to patients;
2. Physicians are expected to proactively maintain an effective plan to meet the requirements of the policy for the frequently requested services they are unwilling to provide;
3. Physicians must provide their patients with full and balanced health information required to make legally valid, informed choices about medical treatment. A physician who is unwilling to do that can arrange for the patient to obtain the required information from another source, provided that arrangement is made in a timely fashion and the patient is able to obtain the information without undue delay;
4. If a patient chooses a medical service to which the physician has a conscientious object, the physician has an obligation to make an arrangement that will allow the patient to obtain access to the health service if the patient chooses.

A physician who has a conscientious objection related to their practice should carefully review the policy to ensure that they understand the College's expectations related to the care they provide to patients.

Methadone Standards and Guidelines

The Council adopted a comprehensive document establishing its expectations of physicians who prescribe methadone. If a physician is not compliant with those expectations, the College will likely not support the physician's application to Health Canada for an exemption to prescribe methadone.

GUIDELINE: Patients Who Threaten Harm to Themselves or Others

The Council adopted the Guideline to assist physicians dealing with patients who threaten harm to themselves or to others. It is intended to assist physicians who must determine when protection of their patient or third parties overrides their obligation of confidentiality over their patient's information.

POLICY: Physician-Assisted Dying

The Council adopted the policy to establish its expectations of physicians who are asked to participate in a patient's request for assistance in ending their life.

The document will be reviewed when the Government of Canada adopts legislation related to physician-assisted dying and may have to be modified to comply with the legislation.

POLICY: Standards for Primary Care

The Council adopted the policy to establish standards for physicians who practise primary care. The policy applies to all situations in which physicians practise primary care, including clinics which provide episodic care.

Among the expectations of the policy are:

1. Clinics will have appropriate systems in place to review results of investigations and consultant's reports and provide appropriate follow up care;
2. Clinics will have appropriate systems in place to contact patients when follow - up care is necessary;
3. Physicians will provide follow-up care required as a result of any investigations ordered or consultations requested by the physician unless another physician has accepted the responsibility to provide the follow-up care;
4. Clinics will have a system in place to provide after-hours coverage for their patients

Physicians who provide primary care should carefully review the policy to ensure that they understand the College's expectations related to the care they provide to patients.

POLICY: Medical Practice Coverage

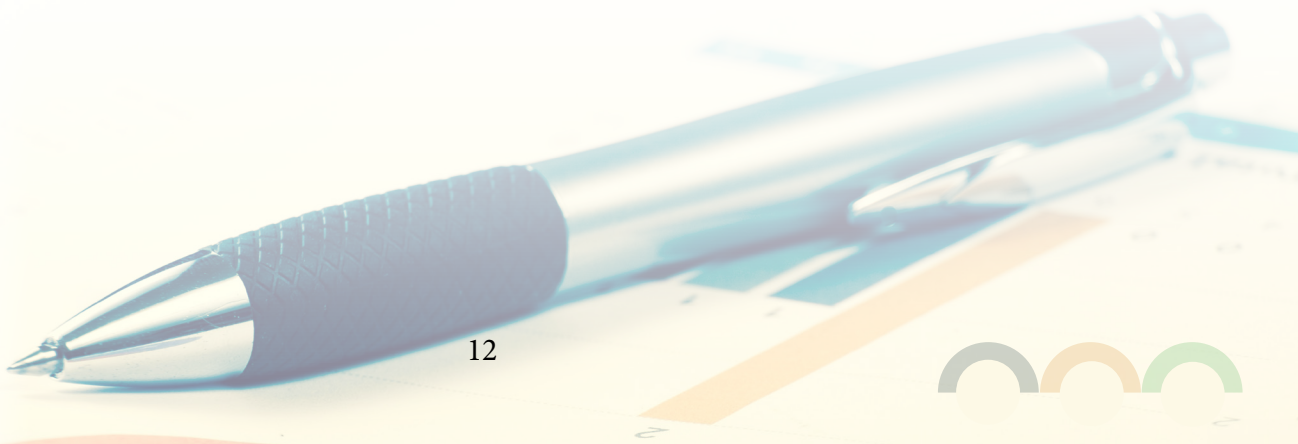
The Council reviewed and updated the policy on Medical Practice Coverage. It confirmed the College's expectations that physicians will have a system in place to provide after-hours coverage for their patients.

GUIDELINE: Patient-Physician Communication Guidelines Using Electronic Communications

The Council reviewed and updated the policy Patient-Physician Communication Guidelines Using Electronic Communications. Council made only minor changes to the previous document which provides guidance on communicating by email, Fax or social media.

POLICY: Physicians Accessing Patient Specific Information from the Pharmaceutical Information Program (PIP)

The Council reviewed and confirmed the policy without changes. Among expectations in the policy is the expectation that physicians should only access information through the PIP program when the information that the physician expects to obtain may reasonably affect the medical care provided to the patient.



Council Committee Activities

Advisory Committee on Medical Imaging (ACMI)

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

Please refer to Page 37 for more details of this committee's achievements in 2015.

Committee on Family Practitioner Interpretation of Electrocardiograms

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

In 2015, six physicians wrote the ECG examination. Of these, two were successful.

Complaints Resolution Advisory Committee

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

Please refer to Page 24 for more details of this committee's achievements in 2015.

Finance Committee

The Finance Committee is established to ensure responsible management of the affairs and finances of the College.

The Finance committee met on September 8, 2015, to review the June 30, 2015 financial statements and the Draft Budget for 2016. The committee recommended to Council the annual fee for regular licences which would be required to accomplish the strategic plans reflected in the budget.

Health Care Facilities Credentialing Committee

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

In 2015, three non-hospital treatment facilities in the province were re-inspected.

Nominating Committee

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

Legislative Review Committee

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

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

Participation in National, Provincial and Local Committees, Strategies and Initiatives

National

- Federation of Medical Regulatory Authorities of Canada (FMRAC)
  - Board of Directors
  - Special Interest Groups
    - e-Health
    - IT Directors
    - Legal Counsel
    - Physician Health
    - Registration
    - Complaints/Investigations
    - Finance
    - Information Management
    - Assessor and Assessment
    - Prescription Monitoring Program
  - **Other subcommittees**
    - Prescribing Practices Forum
    - Registration Working Group
    - FMRAC Integrated Risk Management System (FIRMS) Subcommittee
    - Working Group on Assisted Dying
- Medical Council of Canada (MCC)
  - Board of Directors
  - Executive Committee
  - Legislative Review Committee
  - AGM Planning Committee
  - Appeals Working Group
- National Assessment Collaboration - Practice Ready Assessment (NAC-PRA) (MCC/FMRAC project)
  - Psychiatry
  - General Internal Medicine (GIM)
  - Family Medicine
- Physician Achievement Review (PAR)
- Application for Medical Registration Advisory Committee (AMR)
  - Tech Committee
- Canadian Bar Association (CBA)
  - National Resolutions Committee
  - Saskatchewan Branch CBA Council
- Western Canada Diagnostic Accreditation Alliance (WCDAA)
- Canadian Community Epidemiology Network on Drug Use (CCENDU) (Provincial Coordination)
- National Faculty for the Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-cancer Pain (National Pain Centre (McMaster University))
- National Advisory Council for Canadian Drug Strategy (First Do No Harm) at the Canadian Centre for Substance Abuse (CCSA)
- Western Registrars (WR)
- Inter-Provincial Labour Mobility Initiative (ILMI)
- Foreign Credential Recognition Program (FCRP)

Provincial

- Network of Inter Regulatory Organisations (NIRO)
- Senior Medical Officers Meeting (SMO)
- Physician Resource Planning Committee (Ministry of Health)
- 3S Health Initiative
  - Medical Laboratory Services
  - Medical Imaging
- Saskatchewan International Physician Practice Assessment (SIPPA) Working Group
- SIPPA Advisory Committee
- U of S Investigation Committee
- College of Medicine Alumni Board
- Health Canada Prescription Drug Initiative in partnership with First Nations and Inuit Health Branch (FNIHB)
- Practice Enhancement Program Committee (PEP)
- Joint Medical Professional Review Committee
- Emergency Department Waits and Patient Flow Initiative - Provincial Stakeholders Advisory Group (ED-PSAG)
- Rural Physician Stabilization Oversight Committee
- Saskatchewan Medical Association Representative Assembly (SMARA)
- *Réseau de santé en français de la Saskatchewan* (RSFS) - Project INTAC

Local

- Saskatoon Health Region (SHR)
- Saskatoon Regional Medical Associalation (SRMA)

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REPORT OF THE INDEPENDENT AUDITORS' ON THE SUMMARY FINANCIAL STATEMENTS

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

The accompanying summary consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan which comprise the summary consolidated statement of financial position as at December 31, 2015, and the summary statements of revenue and expenses, surplus and cash flows for the year then ended are derived from the audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, of the College of Physicians and Surgeons of Saskatchewan as at December 31, 2015.

We expressed an unmodified audit opinion on those financial statements in our report dated June 24, 2016.

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

Management's Responsibility for the Summarized Financial Statements

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

Auditors' Responsibility

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

Opinion

In our opinion, the summary consolidated financial statements derived from the audited consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan as at and for the year ended December 31, 2015 are a fair summary of those consolidated financial statements, in accordance with the basis described in the notes to the summary consolidated financial statements.

KPMG LLP

Chartered Professional Accountants

June 24, 2016

Saskatoon, Canada

Summary Consolidated Statement of Financial Position

December 31, 2015, with comparative information for 2014

		2015	2014
ASSETS			
Current assets:			
Cash and cash equivalents	$	6,889,878	6,954,710
Short-term investments		71,250	49,891
Marketable securities		1,192,147	1,202,639
Accounts receivable		95,741	501,915
Prepaid expenses, deposits and advances		130,071	91,670
		8,379,087	**8,800,825**
Property and equipment (note 5)		5,650,667	4,427,679
	$	**14,029,754**	**13,228,504**
LIABILITIES AND SURPLUS			
Current liabilities:			
Accounts payable and accrued liabilities	$	879,930	789,437
Deferred revenue - membership fees		4,323,055	3,968,600
Deferred revenue - grants		137,000	-
Administrated funds		121,230	206,153
		5,461,215	**4,964,190**
Employee future benefits		**954,655**	**875,577**
Surplus		**7,613,884**	**7,388,737**
	$	**14,029,754**	**13,228,504**

Consolidated Statement of Revenue and Expenses

Year ended December 31, 2015, with comparative information for 2014

		Budget (unaudited)	2015	2014
REVENUE:				
Annual fees	$	4,254,800	4,379,880	4,036,600
Laboratory Quality Assurance		375,209	345,324	435,732
Professional incorporation fees		231,250	301,100	287,950
Credentials assessment		179,772	241,425	106,400
Saskatchewan International Physician Practice Assessment (SIPPA) funding from the Ministry of Health		-	218,357	-
Temporary permits		180,000	204,470	157,700
Imaging Quality Assurance		162,196	144,554	156,538
Registration fees		115,200	132,050	118,500
Summative assessment		37,500	131,323	45,685
Notary fees and certificates		70,000	86,320	73,310
Student registration		58,000	76,544	54,450
Investment income		20,000	73,209	105,770
Non-hospital surgical facility fees		39,750	71,352	80,922
Mailing list		50,000	28,423	55,460
Discipline committee assessed costs recovery		-	4,310	29,957
Sundry		2,000	1,150	3,931
		5,775,677	**6,439,791**	**5,748,905**
EXPENSES:				
Administrative	$	3,812,025	3,801,341	3,239,070
Office		362,583	801,585	279,243
Laboratory Quality Assurance		375,209	365,605	426,132
Committee		281,000	269,711	235,022
Council and meetings		346,000	240,847	250,790
Amortization on equipment		226,635	206,368	98,763
Share of office building company operating expense		-	174,271	37,305
Imaging Quality Assurance		162,196	151,975	140,231
Saskatchewan International Practice Agreement Program Candidates summative assessment		-	68,402	30,914
Non-hospital surgical facility		18,000	42,736	26,740
Directors and officers liability insurance		29,500	27,449	29,711
Liaison with joint committees		-	17,356	7,156
Grants to external agencies		4,000	3,000	6,914
Annual meeting		6,000	2,854	3,894
Other		152,500	4,920	4,709
		5,775,648	**6,178,420**	**4,816,594**
Excess of revenue over expenses before the undernoted		29	261,371	932,311
Fair value adjustment on investments		**-**	(37,700)	49,519
Gain on disposal of furniture and fixtures		-	1,476	-
Excess of revenue over expenses		**29**	**225,147**	**981,830**

Summary Consolidated Statement of Surplus

Year ended December 31, 2015, with comparative information for 2014

		Invested in property and equipment	Unrestricted	2015	2014
Balance, beginning of year	$	4,427,679	2,961,058	7,388,737	6,406,907
Excess (deficiency) of revenue over expenses	$	(383,399)	608,546	225,147	981,830
Purchase of property and equipment		1,606,387	(1,606,387)	-	-
Balance, end of year	**$**	**5,650,667**	**1,963,217**	**7,613,884**	**7,388,737**

Summary Consolidated Statement of Cash Flows *Year ended December 31, 2015, with comparative information for 2014*		2015	2014
Cash flows from (used in):			
Operations			
Excess of revenue over expenses	$	225,147	981,830
Items not involving cash			
Amortization		384,875	109,486
Market value adjustments on investments		37,700	(49,519)
Employee future benefits		79,078	(1,870)
Reinvested investment income on marketable securities		(27,208)	(33,619)
Gain on disposal of furniture and fixtures		(1,476)	-
		698,116	1,006,308
Change in non-cash operating working capital:			
Accounts receivable		406,174	(418,241)
Prepaid expenses and deposits		33,991	18,664
Accounts payable and accrued liabilities		90,493	(1,947,690)
Deferred revenue - membership fees		354,455	369,225
Deferred revenue - grants		137,000	(94,553)
		1,720,229	**(1,066,287)**
Financing:			
Advances to Programs		(72,392)	16,411
Administrated funds		(84,923)	(18,701)
		(157,315)	(2,290)
Investing:			
Purchase of property and equipment		(1,611,217)	(2,005,656)
Decrease (increase) in short-term investments		(21,359)	3,253,806
Proceeds on disposals of furniture and fixtures		4,830	-
		(1,627,746)	**1,248,150**
Increase in cash		(64,832)	179,573
Cash and cash equivalents, beginning of year	$	6,954,710	6,775,137
Cash and cash equivalents, end of year	**$**	**6,889,878**	**6,954,710**

COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN

Notes to Summary Consolidated Financial Statements

Year ended December 31, 2015

The summary financial statements are derived from the completed audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2015 and for the year ended December 31, 2015.

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

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

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

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

Registration Services

During 2015, Registration Services handled approximately:

- 1050 inquiries/applications for licensure
- 2331 licences (new & renewals)
- 1539 medical professional corporations
- 859 educational licenses for the College of Medicine (new medical students, JURSIs and new or promoted residents).

Membership

	Active Licensure	Inactive Licensure
Total Registered as at December 31, 2014	**2 242**	**247**
Newly registered from Saskatchewan	48	0
Newly registered from other provinces	48	0
Newly registered from other countries	105	0
Reactivated to Full from Inactive	11	-11
Reactivated to Full or Inactive from absence	9	0
Moved from Locum to Active	12	0
Moved to Inactive - Disabled	-2	0
Moved to Inactive In-Province Licensure	-24	0
Moved to Inactive Out-of-Province Licensure	-38	0
Moved from Active to Inactive	0	64
Licenses Expired/Invalid	-2	0
License lapsed on Request or Non-payment	-68	-44
Deceased	-1	-1
Moved from Active/Inactive to Locum/Time-limited	-9	0
Total Registered as at December 31, 2015	**2 331**	**255**

Corporate Membership

	Active Licensure
Registered Active as at December 31, 2015	**1 416**
Newly registered in 2015	159
Expired during or at end of 2015	-36
Total Registered Active as at December 31, 2015	**1 539**

Assessments

The College continues to offer summative assessments for specialist physicians who had exhausted their eligibility for the Royal College examinations. These assessments are labor intensive and take a great deal of time to organize. Two specialists completed the summative assessment process in 2015.

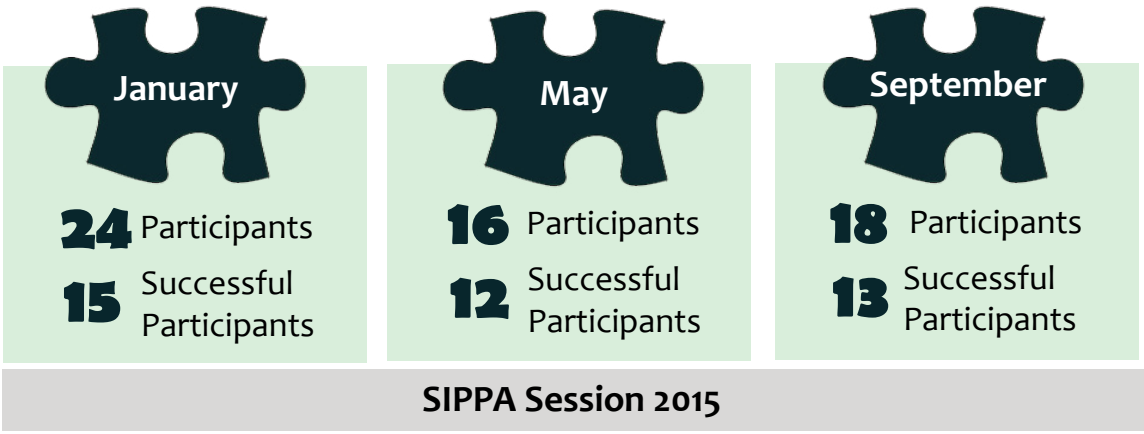
The College continues to actively recruit practice supervisors and summative assessors for both family physicians and specialists. A medical consultant is also in place to assist with summative assessments.

Saskatchewan International Physician Practice Assessment (SIPPA)

In 2015 the College registered 56 physicians on educational licences for the SIPPA assessment. 40 of them were successful in the assessment and moved to provisional licensure with supervision.

SIPPA applicants who commenced the assessment after September 18, 2014 will require the CCFP as well as the LMCC to move to full licence as a result of changes to the bylaws.

The SIPPA program revised the entry criteria to SIPPA in the summer of 2015. Under the new entry criteria applicants must have passed the Medical Council of Canada Qualifying Examination Part 1. Approximately 180 applicants were impacted by this change and encouraged to consider challenging the exam. Many of these physicians have done so, and passed the exam to re-establish eligibility for the SIPPA program.



Continuing Medical Education

Requirements for Continuing Medical Education (CME) (formerly referred to as "revalidation", or professional development) became mandatory in 2007. The College is aware that many physicians remain unclear about the requirements and the process to satisfy Bylaw 5.1. For this reason, CME has been the focus of a great deal of time and attention.

The main issues relate to compliance with CME requirements:

- failure to enroll in an appropriate program,
- failure to enter credits into the online account, *or*
- failure to accrue a sufficient number of credits to complete the learning cycle in a timely manner.

The CME compliance of physician members is reviewed during registration renewal each year. Physicians uncertain of the status of their compliance with Bylaw 5.1 are being encouraged to contact the Director, Physician Registration for information and assistance in order to avoid fees for non-compliance with the requirements of the bylaws.

Application for Medical Registration

The national Application for Medical Registration (AMR) was implemented in April 2015. AMR is an online platform for physicians to submit information for a "Review of Qualifications" through a portal at the Medical Council of Canada. The AMR will replace the Eligibility Review Forms we currently use for determining eligibility for licensure and will streamline our processes.

Preparation for AMR required conversion of our current paper pre-licensure information to an electronic format. This conversion was an enormous project but has resulted in the elimination of a great deal of paper from our office.

Online Registration Appointments

Since November 2015, new physicians now have access to an online registration appointment thanks to a collaboration with key partners at the College of Medicine. This replaces the traditional face to face appointment which required new physicians to travel to the College offices. The appointment includes a handbook that can be downloaded and used as a future resource in the physicians' medical practice. Physicians who complete the online appointment are offered four CME credits for this learning experience.

COMPLAINTS

The Complaints staff at the College continue to receive a steady influx of complaints from the public, physicians and other health professionals and 3rd party sources. The majority of complaints about the care provided by, or the conduct of, a physician continues to be reviewed through the educational Complaints Resolution Process.

The Regulatory Services Coordinators are the initial contact persons for complainants and provide guidance and information as well as resolving low-level complaints. A Medical Advisor has allowed for continued efficiencies and improvements in the resolution of complaints. All complaints that cannot be resolved at a lower level, or by senior staff, are considered by the Complaints Resolution Advisory Committee who provide support and advice to the Medical Manager. Two administrative staff support the Complaints Department and the Complaints Resolution Advisory Committee.

The Complaints Department continues to work towards improvements in processes and to shorten timelines for resolution of complaints. During the period of January 1, 2015 to December 31, 2015 the average time from receipt of a complaint to final disposition was reduced to 121 days from 139 days in 2014 and an increasing number of complaints are being resolved in shorter timeframes.

In 2015, the Complaints Department:

fielded

2556 Calls

representing a 1% increase over 2014.

381 complaint submission forms were mailed out of which **175** were returned as formal complaints. This represents a 1% decrease over 2014.

A total of **132** files were closed in 2015

- One file being referred to the Registrar for additional concerns
- One file being referred to the disciplinary process

Complaints Resolution Advisory Committee 2015

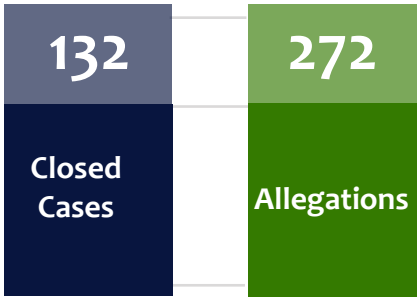
During 2015, one public member resigned from the Complaints Resolution Advisory Committee and a replacement was appointed by Council. The College is extremely grateful to all the members of the Committee for their time and commitment to supporting professionally led regulation.

2015 Members

Ms. V. LaCroix (Chair)
Dr. V. Olsen
Ms. S. Lougheed
Dr. J. Kriegler
Dr. W. Oberholzer
Mr. Don Ebert

Resigned in 2015:
Ms. A. Brayshaw

A **single** complaint may contain multiple allegations



42 founded

27 partially founded

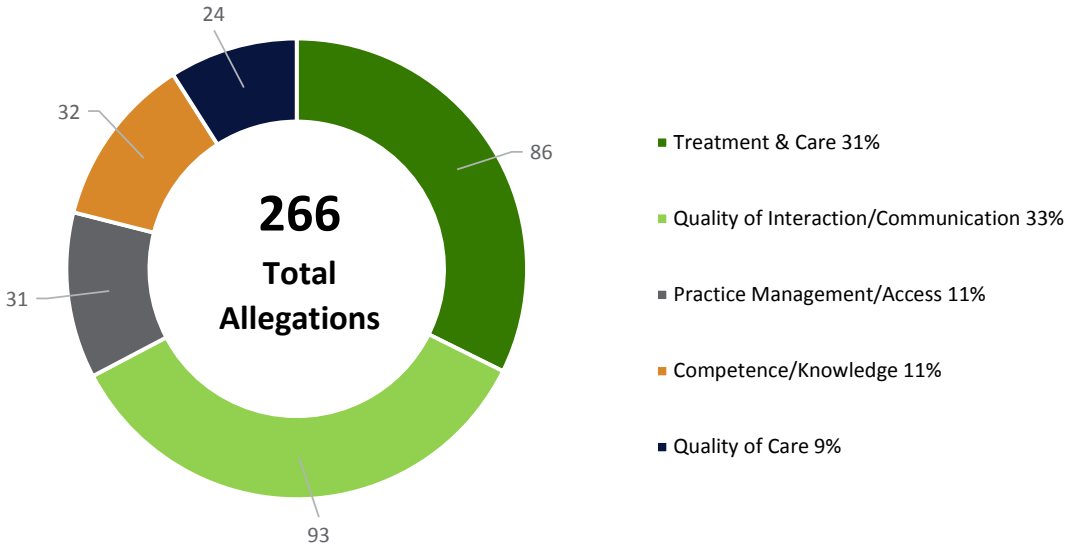
161 unfounded

3 patient responsibility

19 no determination

The top reasons for complaints against physicians continue to be Quality of Interaction/Communication and Treatment and Care. Good documentation of the clinical encounter is essential in assisting the College with its determination of these cases and the College's Complaints Department will continue to work with the profession in achieving the highest standards of care for the public in Saskatchewan.

Top 5 Allegations



Description of allegations and categories

Treatment and Care include areas of treatment and care of patient, assessment/tests/diagnosis, discharge problems, pain management, and inappropriate referral, , delayed diagnosis, inadequate history, inappropriate examination, inappropriate heroic/tests, unnecessary tests, no consent, and lack of informed consent.

Quality of Interaction/Communication include areas of insensitive care, failure to attend, unethical conduct, inappropriate behavior, breach of confidentiality (inappropriate comments in a particular setting), poor patient-provider communication, rudeness, and inappropriate comments.

Practice Management/Access include areas of calls not returned, lack of follow up/follow through, records completion, accuracy, release of, delayed referral, failed to refer, forms completion for 3rd party.

Competence/Knowledge include areas of incorrect/missed diagnosis, inadequate examination/investigation/follow up/treatment, refused/failed/delayed treatment, fragmented care.

Quality of Care include areas of medical errors/adverse outcomes/latrogenic injury, roughness, contraindication of medication, failed procedure, breach of confidentiality (without authority), unproven therapy.

DISCIPLINE

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

College policy prohibits release of information about investigations that are underway, unless there is a specific reason to do so. In the absence of a compelling reason to do so, the College will not nominally identify physicians who are currently subject to an investigation. Information about an investigation will generally only become available to the public if charges are laid or if a competency hearing committee is appointed.

Competency Actions

When the College receives information that a physician may have acted unprofessionally, it is required to investigate the allegation.

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

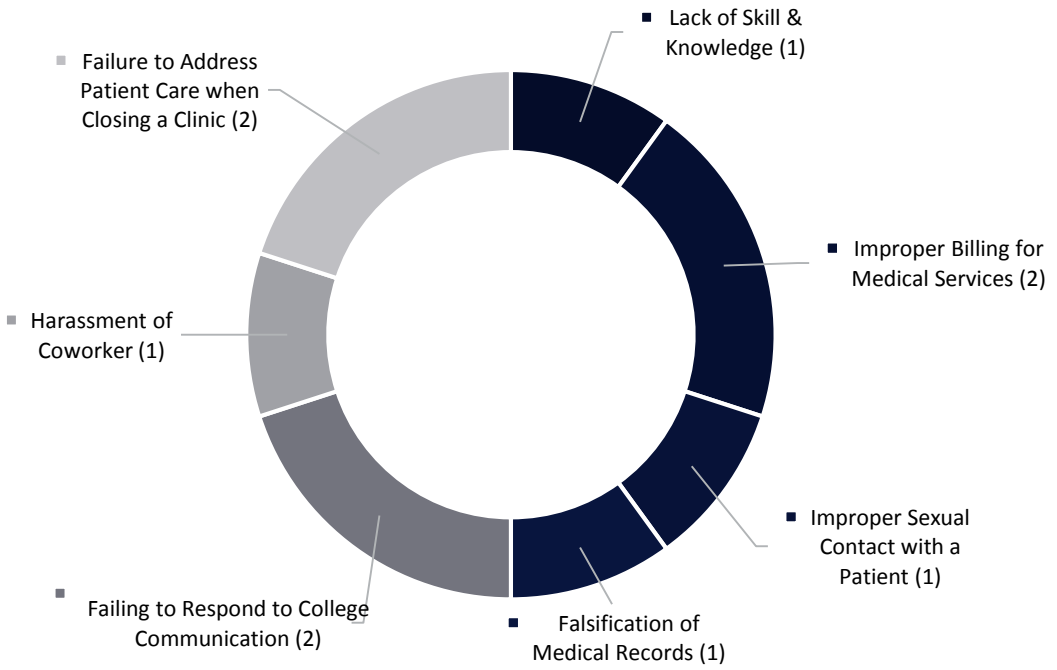
Most of the complaints can only be addressed by reviewing all of the available information, including the physician's response, and presenting that information to the Executive Committee (a sub-committee of the Council) for the Executive Committee to decide whether the information provides reasonable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

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

Council laid 4 charges of unprofessional conduct in 2015 and conducted 5 penalty hearings.

In the year 2015, our College received and investigated 10 complaints alleging unprofessional conduct or lack of skill and knowledge.

The complaints can be summarized as follows:



** For purposes of reporting, the nature of the complaints was reviewed to categorize them. The characterization is somewhat arbitrary as some complaints had more than one aspect.*

Discipline Activities in 2015

Summary of Activities	# of cases
Charges Laid	8
Discipline Hearings	0
Penalty Hearings	6
Resignations as an Alternative to Discipline	0
Hearings After Finding of Lack of Skill and Knowledge	0
Preliminary Inquiry Committees Appointed	5
Competency Committees Appointed	1
Total	**19**

Trends

It is not possible to reliably determine trends based upon the relatively small number of discipline issues addressed by the College.

However, there are five issues which appear to be more frequently the subject of investigations of possible unprofessional conduct in the past few years:

1. Failure to respond to communications from the College

Several physicians have been disciplined by the College for failing to respond to communications from the College despite repeated reminders. That is something which physicians can easily avoid. The College is unable to effectively perform its regulatory role unless physicians respond to inquiries from the College. The College frequently contacts physicians for information related to complaints filed against them, or another physician. The College also frequently contacts physicians for information about patients to whom prescription review drugs have been prescribed.

2. Failure to make appropriate arrangements for patient care when winding up a practice.

The College has two guidance documents that address this issue. They are *Guideline: Physician-patient relationships* and *Policy: Physicians/Surgeons Leaving Practice*. Both documents address the College's expectations when a physician leaves practice. The College also has a standard package of information that it can provide to a physician considering leaving a practice. It is in a physician's best interest, and that of their patients, to take appropriate steps to leave a medical practice.

3. Improper sexual behavior with a patient or coworker

Sexual harassment of coworkers may be both an infringement of Human Rights legislation and may also constitute unprofessional conduct. College bylaws contain a comprehensive definition of what is unprofessional sexual behavior with patients that is intended to prevent not only inappropriate conduct by a physician and also prevent conduct that can cause a patient to misperceive a physician's conduct as sexual.

4. Improper patient records

Physicians have altered patient records after receiving a complaint about their conduct. One physician was discipline due to utilizing an electronic medical record program which pre-populated a significant amount of information in a patient's chart. That pre-populated information was used for many patient records and consequently those records were not an accurate representation of the patients' conditions or what the physician had done.

5. Improper billing

While Medical Services Branch has the ability to reassess a physician's billings and recover payments inappropriately made, that may not be the only consequence for a physician who has failed to exercise reasonable diligence to ensure that billings are appropriate. If the physician's billings are sufficiently egregious, the conduct can be unprofessional.

Court Actions by Physicians Challenging College Decisions

Note: The following information is an update on proceedings up to and including December 31, 2015.

Dr. Amjad Ali

Dr. Ali was found guilty of three charges of unprofessional conduct related to his conduct with female patients. His licence was revoked. The appeal was heard in September 2015. The decision by the Court of Queen's Bench has not yet been released.

For the moment, Dr. Ali's licence remains revoked.

Dr. Carlos Huerto

Council revoked Dr. Huerto's licence to practise medicine in 2003. In 2006, 2011 and 2015 he applied to have his licence restored. At the March, 2015 Council meeting the Council decided not to restore his licence. He challenged that decision in the Court of Queen's Bench in a judicial review application.

There has been no decision at the date of this report.

Court Actions Against the College

There are three court actions brought against the College many years ago which remain outstanding despite the fact that the plaintiffs have taken no action for many years. In addition to those three older actions, two other court actions in 2015 involved the College.

Dr. Darius Tsatsi

There is currently active court action related to the College. Dr. Darius Tsatsi has sued the College, the Health Region where he had worked and the then Minister of Health alleging that he was defamed by comments made about him. That action is being defended by all defendants, including the College, and remains outstanding.

Dr. Carlos Huerto

In 2014 the Court of Queen's Bench dismissed a claim brought by Dr. Carlos Huerto against a number of individual defendants associated with the College. Dr. Huerto also sued the individual who provided information to the College that resulted in disciplinary action being taken against him. The claim was dismissed by the Court of Queen's Bench and his appeal to the Court of Appeal was also dismissed. Dr. Huerto sought permission of the Supreme Court of Canada to appeal the dismissal of his action to that court. The Supreme Court of Canada refused to hear his appeal which means that the action is now at an end.

HUMAN RESOURCES

Staffing

Notable changes to the College's human resources structure in 2015 were as follows:

Administration

- There were no changes in the personnel of the Senior Management Team during 2015.
- These personnel include Dr. Karen Shaw (Registrar), Dr. Micheal Howard-Tripp (Deputy Registrar, Quality of Care), Mr. Bryan Salte (Associate Registrar, Legal Counsel), and Ms. Barb Porter (Director of Registration Services).

Accounting and Finance

- There were no changes to the personnel in Accounting and Finance in 2015.
- There is one full time staff and one .4 FTE staff in the Accounting and Finance role.
- There are two part-time staff sharing the functions of the reception desk.

Communications

- A newly created .6 FTE administrative assistant position was filled in the Fall of 2015.

Quality of Care

- A medical advisor has been contracted to assist part-time in the Quality of Care Department.
- There are currently 4 administrative support staff.

Registration Services

- There were no changes in the personnel in the Registration Services area in 2015.
- There are currently nine personnel reporting to the Director of Registration Services position.

Prescription Review and Methadone Programs

- Mr. Doug Spitzig retired from the position of Director of the Prescription Review and Methadone Programs. Pharmacist Julia Bareham has taken over that position.
- There are three personnel distributing their time between the Prescription Review, Methadone, and the First Nations and Inuit Health Branch programs.

Legal

- Mr. Chris Mason has filled a new position of Legal Counsel.

Contract Positions

- The College contracts a physician manager for the Methadone program, a physician manager for the summative assessment program, and a physician manager for the Non-hospital surgical facility program, as well as a physician representative for the College on the JMPRC committee.
- The contracted project manager for the Information Management Project has continued in 2015.

No changes were made to the following departments: Diagnostic Imaging Quallity Assurance and Laboratory Quality Assurance.

Pension Plan

The College's pension plan is administered by the Canadian Medical Association. The recent actuarial review showed a deficit position in the plan, which caused a comprehensive plan review during 2013 and 2014. Changes to improve the pension plan's financial position were implemented in January, 2015 including a special employer's levy to address the historical deficit as identified in the actuarial review, and an increase in the contribution percentage by employees.

Educational Presentations

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

- Family medicine residents – health information privacy
- Residents with international undergraduate training – Patient Complaints and Legal Liability
- JURSI Students - Ethical & Professional Challenge During Clerkship
- Presentation to General Surgery Residents on Complaints & Professionalism
- Emergency medicine residents – Complaints and the College
- Educational outreach to University of Saskatchewan health care students (I-PASS)
- SIPPA candidates Advance Health Care Directives and Medical records (3)
- SIPPA - Disclosing Adverse Events (3)
- CPSS Annual General Meeting and SMA Representative Assembly - physician assisted dying
- FMRAC Annual General Meeting - Roundabout on Issues of Importance
- Law Society Seminar - Privacy in Health Care
- MCCQE1 candidates – law and ethics
- External Panel on Options for a Legislative Response to Carter v. Canada
- Presentation at Leading Thunderbird Lodge, Fort Qu'Appelle with Federal and Provincial Ministers of Health to acknowledge agreement to address drug abuse in First Nations communities

COMMUNICATIONS

Communications at the College continued to see a major overhaul in 2015, with improvements and innovation brought to many facets of the service. A part-time administrative assistant has joined the department to assist with the project demands.

In keeping with the principles of accountability, transparency and progressive action, the following open and informative communication activities have been implemented, handled or improved:

- A new corporate annual report was produced to provide a comprehensive, measurable view of the organization's objectives and activities.
- The newly revamped College newsletter, DocTalk, continues to be available on the Website, and is sent electronically to the membership. A new publications advisory committee has been set up and the Editorial Policy has been extensively reviewed.
- The website continues to be updated and enhanced on a regular and timely basis. Several enhancements have been made for easier navigation and searching.
- A media listening tool (Meltwater) continues to be used to keep abreast of local, national and worldwide current events of specific interest to the College. Council and staff are kept apprised of media reports that mention the College.
- Three policy consultation campaigns were conducted to solicit public and physician feedback on Conscientious Objection and Physician-Assisted Dying.
- Editing, and graphic design services are provided to various departments upon request, including creating, editing and/or updating guides, guidelines, manuals, business cards, informational documents and promotional tools.
- Information distribution and translation services have also been provided where necessary. Professionally relevant information is being distributed to members and added to the College website in collaboration with a new initiative with the Ministry of Health and other health organizations.
- Over 90 media requests on a variety of subjects.
- Various activities at the College continue to be promoted on the College Facebook, and at events with the College banner (AGM, SK Methadone and Suboxone Opioid Substitution Therapy conference, Senior Life Designation and Kendel Award presentations). A kiosk was held at the iPASS health student convention to raise awareness about the College's role in health care in Saskatchewan.
- Liaison on a pilot project for a Framework for collaboration for improved access to health care services for Francophones in Saskatchewan
- A Communications Strategy based on Council's strategic plan is under development and will be presented to the Senior Management Team in 2016.
- A Physician Language Survey was developed and distributed to populate the database in preparation for an expanded search function to be implemented in 2016.
- Collaboration with document management system implementation

Programs and Services

Prescription Review Program (PRP)

The Prescription Review Program is an educationally based program of the CPSS that monitors for inappropriate prescribing and inappropriate use of PRP drugs that are included in regulatory Bylaw 18.1.

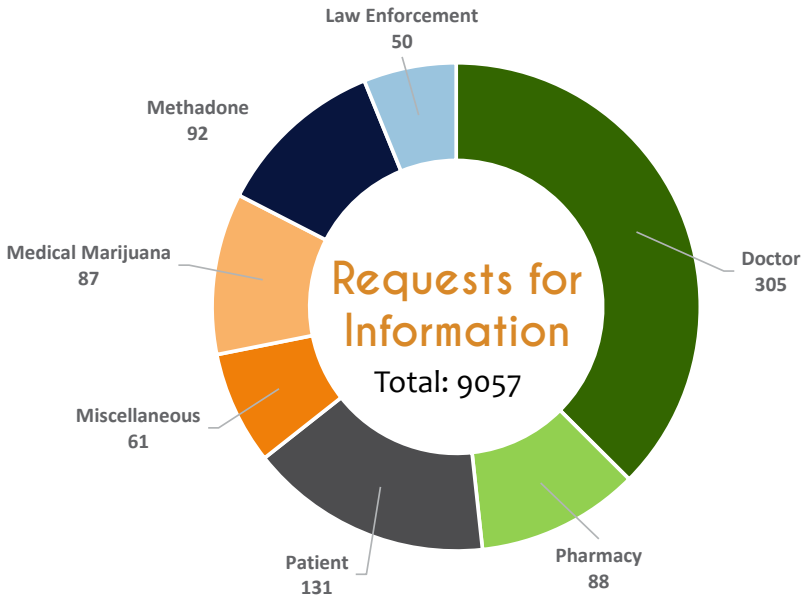
Prescription Monitoring

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

Letter Counts 2015

System Generated Double Doctoring	7,487
Explain/Alert Letters (1st contact)	687
2nd Request	157
3rd Request - Deputy Registrar	22
Prescribing & Use Recommendations	610
Individual Double Doctoring (from Profile Reviews)	0
Part Fills Incomplete Prescriptions	6
Pharmacy Inappropriate Dispensing	2
Illegible Prescription	0
Law Enforcement Requests	70
Coroner Requests	16
Total	**9,057**

Methadone Program	**25**



The PRP also assists with real time requests for information on appropriate prescribing/use of PRP medications using current standards, guidelines, and best practices.

Education & Outreach

Presentations/Contributions

- SIPPA (foreign-trained doctors) (4)
  - Presentations on the PRP and how it can assist physicians with appropriate prescribing
  - Presentation on Setting Boundaries
- Opioid Substitution Therapy Conference

2015 Saskatchewan Methadone and Suboxone Opioid Substitution Therapy Conference

A huge success! Over 175 participants from all over the province met in Saskatoon in April 2015 for the first annual Saskatchewan MSOST conference. Delegates were treated to a wide range of presentations from some of Saskatchewan's foremost experts in the field of addictions medicine.

Committee Participation

- Opioid Advisory Committee
- North Battleford Opioid Addiction Treatment Program
  - Battle River Treaty 6 (BRT6) Health has supported the development of an opioid addiction treatment (OAT) program at their integrated primary health clinic in North Battleford
- National Faculty for Canadian Guidelines for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain
- National Advisory Council
  - Monitoring and surveillance for the CCSA National Drug Strategy "First Do No Harm"
- Canadian Community Epidemiology Network on Drug Use
  - Early warning system for substances of abuse
- Saskatchewan Registered Nurses Association (SRNA) Planning Committee
  - Training of nurse practitioners prior to prescribing PRP medications

Ongoing Collaborations

The CPSS collaborates with a variety of organisations to ensure a vital network for monitoring and providing assistance to communities and their physicians and patients.

- Non-Insured Health Benefits (NIHB) for First Nations and Inuit
  - Monitoring process for First Nation prescription drug use
- Ministry of Health (Saskatchewan)
  - Saskatchewan Prescription Drug Plan (SPDP)
- Saskatchewan Justice
  - Corrections
  - Chief Coroner's Office
- Provincial Lab Testing
- College of Pharmacists
- College of Dental Surgeons
- Saskatchewan Registered Nurses Association
- CCENDU
- CRISM

Methadone Program

The Ministry of Health has been contracting with the College of Physicians and Surgeons of Saskatchewan (CPSS) since 2001 to operate the Methadone Program on its behalf. The object of the Program is to administer the methadone exemption process for Saskatchewan physicians.

Roughly 30 physicians received a methadone exemption in 2015, bringing the total number of physicians in the province with a methadone prescribing exemption to approximateley 130.

The Program also assists physicians in the following ways:

- Develops guidelines and standardsfor safe prescribing of methadone for opioid addiction/ dependency
- Provides education and workshops on prescribing methadone
- Conducts peer reviews of the medical practices of physicians involved in the program
- Maintains a central registry of methadone prescribers, to assist physicians and patients in locating methadone clinics

In order to standardize the process and help provide better, more efficient service, the Program has finalized the Saskatchewan Methadone Guidelines for the treatment of Opioid Addiction/Dependence (made available in early 2015) and coordinates the delivery of introductory workshops regarding this subject.

Ongoing Collaborations

Collaborative partnerships with the Prescription Review Program and the Opioid Advisory Committee have also been put in place to ensure the effective implementation of the Program's guidelines within the bounds of its available resources. The PRP looks for potential inappropriate prescribing and inappropriate use of methadone as part of the medications it monitors, and provides the Methadone Program with data pertaining to the prescribing of methadone to patients on methadone maintenance treatment. This includes information about the methadone prescribed or any other PRP medication that may be being prescribed to the patient.

As a result of information received by the program, the PRP also sends alert letters to methadone prescribers that an individual who has been prescribed PRP drugs may possibly be misusing and/or diverting his/her medication. A total of 167 letters were sent in 2015.

The Opioid Advisory Committee meetings are held quarterly (4 times a year).

Pain Specialist
Dr. Carmen Johnson - Palliative

Addiction Specialists
Dr. Peter Butt (Chair)
Dr. Brian Fern
Dr. Leo Lanoie

SRNA
Leland Sommer

Methadone Program
Dr. Morris Markentin

CPSS Staff
Doug Spitzig (retired)/Julia Bareham
Nicole McLean
Laurie Van Der Woude

Expert Advisors
Jeff Eichhorst
Lisa Lockie

Diagnostic Imaging Quality Assurance

The Diagnostic Imaging Quality Assurance Program is under contract from the Ministry of Health (Medical Services Branch) to provide a quality assurance program for medical imaging in the Province of Saskatchewan.

Regulatory Bylaw 25.1, Operation of Diagnostic Imaging Facilities in the Province of Saskatchewan, has been developed to ensure the provision of an acceptable quality of patient care in diagnostic imaging. This document indicates conditions that must exist in any diagnostic imaging facility, whether fixed or portable to allow a physician to:

- Perform diagnostic imaging procedures in that facility; or
- Interpret diagnostic images rendered or obtained in that facility; or
- Refer patients to that facility

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

As part of its mandate, the ACMI has developed Standards of practice for Medical Imaging in the areas of General Ultrasound, Computed Tomography (CT), Bone Densitometry, Interventional Radiology, and Nuclear Medicine. The "Echocardiography Standards of Canada" have been adopted for echocardiography practice. ACMI has reviewed and adopted the accepted national ultrasound standards of the Society of Obstetricians and Gynecologists of Canada (SOGC) and Canadian Association of Radiologists (CAR). The Committee has also replaced its standards for MRI and Communication of the Imaging report with the national CAR standards. In addition to the Standards developed by the Committee for General Ultrasound, CT, Nuclear Medicine, Bone Densitometry and Interventional Radiology, the ACMI has adopted the national ultrasound standards of the Society of Obstetricians and Gynaecologists of Canada (SOGC) and Canadian Association of Radiologists (CAR); as well as the CAR Standards for "MRI" and "Communication of the Imaging Report"; and the national Echocardiography guidelines.

Audit processes are continually reviewed, and moving to PACS-based reviews has been beneficial to our program as they generally take less time.

DIQA also organizes assessments for those facilities performing imaging and require a Health Facility License from the Ministry of Health. This involves organizing an out of province assessment team.

Nine physician assessments and two facility accreditations were conducted in 2015.

Advisory Committee on Medical Imaging 2015

Dr. Ian Waddell (Chair)
Dr. Don McIntosh
Dr. Joanne Hillis
Dr. Abdulaziz Almgrahi
Dr. Holly Wells
Dr. George Carson
Ms. Maureen Kral
Ms. Bev Kellington
Mr. Luke Jackiw
Mr. David Guerrero
Mr. Steve Webster

Laboratory Quality Assurance

The CPSS is contracted by the Ministry of Health to operate the LQAP. As designated in the Medical Laboratory Licensing Act and Regulations, the LQAP is responsible for the requirements and standards of Medical Laboratories in the province. The two major components of the Program are laboratory accreditation and proficiency testing.

The Program Management Committee (PMC) is the oversight body for operations and decision-making for the program. It is made up of the chairs of the discipline-specific committees, along with representation from the Saskatchewan Association of Combined Laboratory and X-ray Technologists (SACLXT), Saskatchewan Medical Association (SMA), Saskatchewan Society of Medical Laboratory Technologists (SSMLT) and a representative from the Ministry of Health.

The Quality Assurance (QA) committees of Anatomic Pathology, Chemistry, Hematology, Microbiology and Transfusion Medicine develop guidelines for laboratory practice in their specific disciplines, review proficiency testing and assessments reports.

Dr. Bruce Murray (Acting Chair), PMC
Dr. Greg Horsman, Microbiology
Dr. Ed Jones, Anatomic Pathology
Dr. Rommel Seno, Hematology
Dr. Jeff Eichhorst, Chemistry
Ms. Paula Dupont, SACLXT
(vacant), SMA
Mr. Del Windrum, Ms. Kim Deydey, SSMLT
Mr. Colin Toffan, Ministry of Health
Mr. David Guerrero, Ministry of Health

Laboratory Accreditation

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

Health Regions inspected in 2015:

- Keewatin Yatthé
- Mamawetan Churchill River
- Athabasca
- Saskatoon (rural)

Continued collaboration by the western provinces has resulted in the Western Canada Diagnostic Accreditation Alliance (WCDAA) agreeing on a common set of laboratory standards for accreditation. These standards have been accredited by ISQua and approved for cross jurisdictional use. The WCDAA standards will be used for all laboratory assessments starting in 2016. This collaboration also allows for sharing of assessors and assessor training. In 2015, the College of Physicians and Surgeons of Alberta utilized physicians and Medical Laboratory Technologists from Saskatchewan for their assessments.

Proficiency Testing/ External Quality Assessment (PT/EQA)

PT/EQA is used to evaluate laboratory testing accuracy. This ensures quality test results and patient safety.

The LQAP mandates that PT/EQA be performed for all tests for which it is available.

167 Medical Laboratories
enrolled in
2529 PT/EQA Surveys

216 Physician Office Laboratories
participating in
PT/EQA;
as well as the STARS helicopters.

The Quality Assurance Committees, with approval by the Program Management Committee, have made the decision to move proficiency testing subscriptions for larger laboratories to another provider in 2016.

Non-Hospital treatment Facilities

The Non Hospital Treatment Facility Program is guided by Bylaw 26.1 of the CPSS Regulatory Bylaws. This Bylaw was established to ensure the provision of quality patient care in Non Hospital Treatment Facilities, and provides information regarding the parameters of such facilities, including procedures which are acceptable in such settings.

Currently, there are 10 facilities functioning as Non Hospital Treatment Facilities. All have been inspected and approved by the College.

The inspection and approval of these facilities functions on a three year cycle, and the Standards and Guidelines used for this process are essentially mirrored to those used by the College of Physicians and Surgeons of Alberta, with minor variations which are unique to Saskatchewan. An independent inspection team (generally consisting of a nurse coordinator, and anesthetist, and a surgeon) performs the inspections, making recommendations to the College regarding approval of facilities based on the above mentioned Standards and Guidelines. This program ran smoothly, and being in its second three year cycle, has been refined on a constant basis, with all facilities achieving approval.

A list of facilities which have been approved is available from the College office and on its **website**.

The Health Facilities Credentialing Committee provides feedback to the Non Hospital Treatment Program. This Committee is now scheduled to meet on an annual basis each Fall to discuss relevant issues.

The Ontario West Working Group from all of the Colleges has been established and continues to meet on a yearly basis, with Saskatchewan hosting the next annual meeting in the Fall of 2016. Common topics related to Non Hospital Facilities are discussed.

We continue to work yearly to maintain upgraded Standards and Guidelines.

WHAT TO EXPECT FOR 2016

In a conscious effort to continuously work towards improving the quality of services we offer, Council Members and Staff at the College of Physicians and Surgeons of Saskatchewan look forward to the implementation of several projects already underway as well as new projects under development.

Some of these projects include:

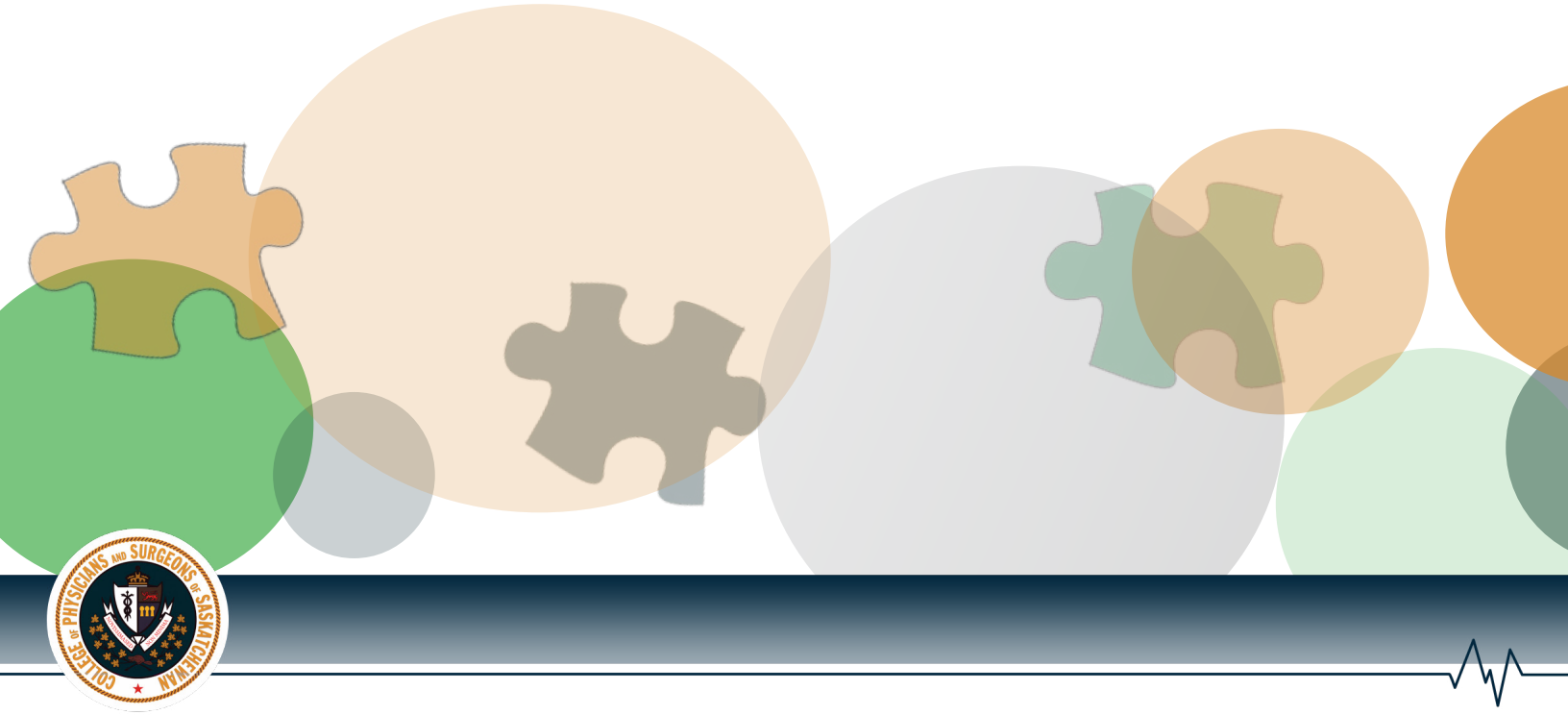
Operational

- continuously improving online Registration Renewal and Corporate Registration services for our members who hold medical professional corporations
- finalizing the implementation of the Document Management Strategy (DMS) and developing workflows;
- continue the move to electronic files by converting the paper files of active registered physicians to an electronic format;
- continue to collaborate with national partners in integrating International Medical Graduates (IMGs) into the workforce through nationally accepted practice readiness assessment processes;
- continue developing nationally accepted summative assessment processes to assist our internationally trained physicians to achieve an enduring form of licensure;
- continue to implement new aspects of the Communications Strategy;
- collaborate at a national level in reviewing Physician Assessment Tools and their potential use in physician performance improvement.

Governance

- new policies (for example the Physician Assisted Dying) and improving existing policies to guide our members;
- complete review of policies

We look forward to continuing to work together with our council, partners and staff to serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.



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