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

Annual Report 2016

College of Physicians and Surgeons of Saskatchewan

cps.sk.ca

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

- License qualified medical practitioners;
- Develop policies, standards of practice in all fields of medicine and ensuring their implementation;
- Receive and review complaints, and discipline physicians whose standards of medical care and/or ethical and/or professional conduct are brought into question
- Administer quality assurance programs for the Government of Saskatchewan.

Mission

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

Vision

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

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

Values

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

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

Table of Contents

NOTE: *This report reflects Council and College activities from January 1 to December 31, 2016.*

A Message From the President & the Registrar

Key Highlights for 2016

The work of the Council has continued in 2016 with some changes to our Council. Dr. Daniel Glaeske and Dr. Lynda Keaveney resigned due to relocation of their practices. Council and staff would like to thank them for their service.

In 2016, Council welcomed the addition of two new Councilors, Dr. Adegboyega Adewumi from electoral district 6 and Dr. Brian Brownbridge from electoral district 3.

POLICY IMPLEMENTATION
- Medical Assistance in Dying
- Conscientious Objection

During 2016 Council finalised the policy on conscientious objection and while the issues pertaining to Medical Assistance in Dying (MAiD) continue to be controversial, the Council is confident that its efforts in developing policy will effectively balance the needs of patients, those delivering care and those with beliefs contrary to MAiD. We will continue to work with the Ministry's working group and the various health regions to develop standards and guidelines for care in this area.

Physician Assessment Tools

HR Practice Improvement

Document Management System Implementation

In addition to progress in policy development we have kept abreast of new and evolving bylaw changes governing the granting of licensure after both domestic and international medical training. We continue to move towards bylaw synchrony with the national standards approved by the Federation of Medical Regulatory Authorities of Canada (FMRAC). Collaboration continues with national partners in integrating international medical graduates into the workforce through nationally accepted and standardised pre-licensure processes and continuing to develop nationally accepted summative assessment processes to assist our internationally trained physicians to move from a provisional to an enduring form of licensure.

Implementation of the Strategic Plan

The College of Physicians and Surgeons of Saskatchewan (herein referred to as "the College", or "CPSS") through the Registrar is a member of the Medical Council of Canada Working Group of the MCC 360 Project. This committee is reviewing and refining a multi-source feedback tool that will assist in improving the work to assess physician performance on an ongoing basis. This complements the work completed by FMRAC on behalf of its medical regulatory authority members in establishing a framework for physician performance improvement (PPI).

Dr. Alan Beggs
President 2016

Dr. Karen Shaw
Registrar & CEO

In addition to licensure and assessment issues in registration, continuous improvements are being made to online registration services including licensure and corporate registration renewal. Concerns regarding the online registration process have been appreciated and are a focus of ongoing work. Updating the current online registration process has far reaching implications into other digital processes within the College. We continue to work toward a more user-friendly interface, while attempting to avoid disruption of other processes running in parallel, and balance the needs of our members with the opposing priority of fiscal restraint.

We are pleased to advise that the implementation of the document management system was accomplished in 2016. Consideration of developing workflows to gain the full efficiency out of the document management system will be ongoing work.

As part of our strategic plan, there has been ongoing efforts to improve the efficiency of our work in each of the units including Registration Services, Quality of Care (previously known as the Complaints Resolution Advisory Committee process), and in our formal disciplinary processes. Council and staff are acutely aware that the efficient disposition of these concerns is of importance to the complainants and to physicians alike.

We continue to strive to improve our internal processes to ensure we are effective in regulating the medical profession. Council and staff are grateful for the time volunteered by physicians and members of the public in serving as investigators and/or committee members to assist with its work.

Dr. Alan Beggs

Dr. Karen Shaw

COUNCIL AND SENIOR STAFF 2016

Back Row (L-R): Dr. Brian Brownbridge, Ms. Sue Robinson, Dr. Micheal Howard-Tripp, Dr. Lynda Keaveney, Dr. Oluwole Oduntan, Mr. Art Battiste, Dr. Pierre Hanekom, Mr. Chris Mason, Dr. Adegboyega Adewumi, Mr. Ken Smith, Ms. Caro Gareau, Dr. Jim Carter, Mr. Bryan Salte, Mr. Ron Harder, Dr. Grant Stoneham, Ms. Galilee Thompson, Dr. Tilak Malhotra, Dr. Preston Smith, Dr. Julie Stakiw (Vice-President), Dr. Mark Chapelski, Ms. Barb Porter
Front Row (L-R): Dr. Karen Shaw (Registrar), Mr. Marcel de la Gorgendière, Ms. Susan Halland, Dr. Alan Beggs (President), Dr. Suresh Kassett, Dr. Edward Tsoi

Executive Committee

Dr. Alan Beggs	President
Dr. Julie Stakiw	Vice President
Dr. Grant Stoneham	Member at large - Physician Member
Dr. Jim Carter	Member at large - Physician Member
Ms. Susan Halland	Member at large - Non-Physician Member

Council Members

Dr. Brian Brownbridge	Saskatoon	Anaesthesiology
Dr. Lynda Keaveney	Kindersley	Family Medicine
Dr. Oluwole Oduntan	Yorkton	General Practice
Mr. Art Battiste	Saskatoon	Public Member
Dr. Pierre Hanekom	Melfort	General Practice
Dr. Adegboyega Adewumi	Moose Jaw	Psychatrist
Mr. Ken Smith	Saskatoon	Public Member
Dr. Jim Carter	Regina	General Surgery
Mr. Ron Harder	Moose Jaw	Public Member
Dr. Grant Stoneham	Saskatoon	Diagnostic Radiology
Ms. Galilee Thompson	Saskatoon	Student Observer
Dr. Tilak Malhotra	Prince Albert	Pediatrics
Dr. Preston Smith	Saskatoon	College of Medicine
Dr. Julie Stakiw	Saskatoon	Hematology
Dr. Mark Chapelski	Lloydminster	Family Medicine
Mr. Marcel de la Gorgendière	Saskatoon	Public Member
Ms. Susan Halland	Air Ronge	Public Member
Dr. Alan Beggs	Regina	Orthopedic Surgery
Dr. Suresh Kassett	Herbert	General Practice
Dr. Edward Tsoi	Estevan	Family Medicine

The Strategic Plan

Where we are today

Council members and College staff have been working diligently to execute Council's Strategic Plan. Several measures have been completed and several more are under development.

- ACHIEVED/ONGOING
- IN PROGRESS
- UNDER DEVELOPMENT
- NOT YET ADDRESSED/ ON HOLD

1 Optimize Practice Excellence

Customer Value

C1 Improve Appropriate Assessment of Physicians for Entry to Practice

C2 Enhance Competency throughout the Career Life Cycle (Revalidation)

C3 Increase Compliance of Physicians Working within their Current Skills and Knowledge

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

REGISTRATION SERVICES

- Processes have been refined, particularly with regards to national prelicensure assessments.
- 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 2017 using 2016 data.
- There is ongoing work to enhance awareness of Bylaw 4.1 pertaining to scope of practice change. Physicians are proactively asked at renewal if they are considering a scope change.

QUALITY OF CARE

- The Complaints Resolution Advisory Committee has revised its processes to optimize efficiencies.

PROGRAMS

- The Diagnostic Imaging Quality Assurance, Laboratory Quality Assurance Programs are completing more audits and focusing recommendations on improvement strategies.
- Collaboration to achieve common standards continues with the Western Canada Diagnostic Accreditation alliance.
- In 2016, the Prescription Review Program (PRP) reviewed the CDC guidelines and prepared for the 2017 release of the updated *Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-cancer Pain*. It is continuing its educational work to assist physicians in optimizing the prescribing of PRP medications.
- Methadone program: Council approved updated guidelines and standards for the use of opioid antagonists for the treatment of addiction. A self audit tool has been implemented.

LEGAL & ADMINISTRATIVE

- The College ensures proactive reviews of new public policies that may impact practice or pose potential issues.
- Pertinent health policies and notices from the Ministry of Health are posted on the website and forwarded to physicians; document and website updates are made as required to CPSS informational and policy documents.
- Two policies of note were developed and approved by Council:
  - Conscientious Objection; and
  - Medical Assistance in Dying.

2 Enhance Awareness and Trust of the College

Improved Processes

I1 Improve Internal Effectiveness and Efficiency Processes

I2 Ensure all Bylaws are Current and Relevant

I3 Strengthen Customer Service

I4 Improve Communication with External Partners and External Stakeholders

I5 Enhance Branding to Foster Understanding of Identity and Purpose

REGISTRATION SERVICES

- A new online process has been developed to eliminate the necessity for a face to face appointment.

LEGAL & ADMINISTRATIVE

- A process for annual bylaw review was implemented in 2016.

HUMAN RESOURCES

- Ongoing HR work to ensure staff understand their respective roles, responsibilities and accountabilities. An employee policy handbook is being updated.
- An employee onboarding document has been developed and is under consideration.
- Customer service education: Expectations for staff are under review pending HR consultant reports.

COMMUNICATIONS

- STRATEGY: A new communications strategic plan has been developed, presented to Council, and is in process of being implemented.
- BRANDING: The new CPSS branding image is being used when developing all new publications and promotional materials.
- PUBLICATIONS
  - *DocTalk* (the College newsletter) and the College website continue to be a sought out source of valuable information, not only for physicians but for our partners, national peers and the public.
  - A variety of informational documents and promotional items continue to be developed, including a comprehensive annual report published on an annual basis.
  - Communications policies (internal, external and use of branding) and an OH&S Emergency Response Plan are under development.
- INTERNET PRESENCE
  - The website is enhanced and regularly updated and an expanded search function has been added.
  - Facebook and Twitter accounts are increasing in reach.
- MEDIA RELATIONS
  - Media requests are managed promptly, and Council and staff are kept apprised of media reports that concern the College.
  - A media listening tool implemented in 2014 continues to be used and is made available to Council members as well.
- COMMUNICATION WITH EXTERNAL PARTNERS & STAKEHOLDERS
  - Contacts with various external partners and stakeholders have been made for information distribution and to offer resources for presentations.
  - Professionally relevant information is made available to members, students and residents.

3 Optimize Operational Excellence

Enabled People and Leadership

P1
Improve Alignment of Staff with CPSS Priorities

P2
Enhance Personnel Development (Skill Development, Performance Management)

P3
Improve Work-Life Harmony for Staff

P4
Enhance Council Governance Practices

COUNCIL

- Councilors review Objective P4 and discuss strategies to improve Council's governance, including follow-up action lists specific to Council activities and reflecting on processes and procedures of meetings

QUALITY OF CARE

- Performance reviews have been achieved for staff in the Quality of Care department.
- An education and development of standard work plan is in process for staff in the Quality of Care department.

ADMINISTRATION & COMMUNICATION

- Regular staff meetings are being held with all staff to brief on current and upcoming activities.

HUMAN RESOURCES

- An HR consultant position has been filled to develop up to date job descriptions/accountabilities for staff.
- An orientation process for new staff is under development and implementation is expected for 2017.
- The Registrar continues to review workloads and attempt to level workloads.
- 360-degree surveys for SMT performance reviews have been completed.
- A tool and process for SMT appraisal has been developed.
- A process for staff to complete their annual development plans for learning is in place; participation is not yet complete.

Resource Stewardship

R1
Strengthen Cost Recovery for Services provided to Physicians

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

R3
Maximize Facility Utilization in a Least Disruptive Way

PROGRAMS

- Better processes has been developed to monitor the true cost of services, including for assessment reviews in Registration Services, the assessment of private non-hospital treatment facilities and the work completed in our contracted programs.

LEGAL, ADMINISTRATIVE & FINANCE

- The Registrar continues to review the renewal of contracts for external services to ensure cost recovery is being carried out (Laboratory QA, Diagnostic Imaging Quality Assurance, Methadone and PRP)

Council Committees

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.

Committee members:

Dr. Ian Waddell (Chair)
Dr. Don McIntosh (Co-chair)
Dr. Abdulaziz Almgrahi
Dr. Dakshina Murthy
Dr. George Carson / Dr. Corrine Jabs
Dr. Joanne Hillis
Ms. Maureen Kral
Ms. Bev Kellington
Mr. Steve Webster / Mr. Brent Preston
Mr. Luke Jackiw / Ms. Elaine Geni
Dr. David Guerrero
Dr. Holly Wells

Please refer to Page 28 for more details of this committee's achievements in 2016.

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 2016, four (4) physicians wrote the ECG examination. Of these, two (2) were successful.

Committee members:

Dr. Roy Chernoff (Chair)
Dr. Jawed Akhtar
Dr. Paula Schwann

Finance Committee

The Finance Committee met on September 7, 2016, to review the June 30, 2016 financial statements, and the Draft Budget for 2017.

The committee recommended to Council the annual fee for regular licenses which would be required to accomplish the strategic plans reflected in the budget.

Committee members:

Dr. Mark Sheridan (Chair)
Dr. Pierre Hanekom
Dr. Tilak Malholtra
Dr. Edward Nykiforuk
Dr. Suresh Kassett
Dr. Grant Stoneham

Health 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, and to review facilities applying for recognition under the Non-Hospital Surgical Facilities Bylaw of the College. Please refer to Page 31 for more details.

In 2016, five (5) non-hospital treatment facilities in the province were re-inspected.

Committee members:

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

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.

Committee members:

Dr. Mark Chapelski (Chair)
Dr. Pierre Hanekom
Dr. Suresh Kassett

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.

Committee members:

Dr. Mark Chapelski (Chair)
Dr. Edward Tsoi
Ms. Susan Halland
Dr. Alan Beggs
Mr. Ken Smith

Quality of Care Advisory Committee (formerly 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 17 for more details of this committee's achievements in 2016.

Committee members:

Dr. J. Kriegler (Chair)
Dr. V. Olsen
Ms. S. Lougheed
Mr. Don Ebert
Ms. J. Beatty
Dr. J. Hey

Resigned in 2016
Ms. V. LaCroix
Dr. W. Oberholzer

Our Collaborators and Scope of Work

The Council and College staff are involved in a wide array of national provincial and local committees, strategies and initiatives. This is a summary of our more prominent work.

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
  - **Other subcommittees**
    - Working Group on Strategic Directions
    - Working Group on Financial Sustainability
    - 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
  - Finance 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)
- 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 Committee (SMOC)
- 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 & Faculty Council
- 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 (JMPRC)
- Emergency Department Waits and Patient Flow Initiative - Provincial Stakeholders Advisory Group (ED-PSAG)
- Rural Physician Stabilization Oversight Committee
- Saskatchewan Medical Association - Representative Assembly (SMA-RA)
- *Réseau de santé en français de la Saskatchewan* (RSFS) - Project INTAC

Local

- Saskatoon Health Region (SHR)
- Saskatoon Regional Medical Association (SRMA)
- College of Family Physicians of Canada - Saskatchewan chapter

Outreach & Educational Presentations

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

- **UNDERGRADUATE STUDENTS (MEDICAL STUDENTS AND JURSI)**
  - JURSI Students - Ethical & Professional Challenge During Clerkship
  - Educational outreach to University of Saskatchewan health care students (I-PASS)

- **POSTGRADUATE STUDENTS (FAMILY MEDICINE RESIDENTS)**
  - Family medicine residents – health information privacy
  - Residents with international undergraduate training – Patient Complaints and Legal Liability
  - Presentation to General Surgery Residents on Complaints & Professionalism
  - Emergency medicine residents – Complaints and the College
  - MCCQE1 candidates – law and ethics

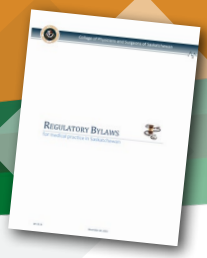
- **INTERNATIONAL MEDICAL GRADUATES (IMG)**
  - SIPPA candidates Advance Health Care Directives and Medical records (3)
  - SIPPA - Disclosing Adverse Events (3)
  - SIPPA physicians - CPSS Practice information (3)

- **EXTERNAL PARTNERS AND COLLABORATORS**
  - FMRAC Annual General Meeting - Roundabout on Issues of Importance
  - Law Society Seminar - Privacy in Health Care
  - External Panel on Options for a Legislative Response to Carter v. Canada
  - Regional Recruiters Network - Presentations regarding licensure (upon request)

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

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.



Bylaws, Policies, Standards & Guidelines
Development & Changes

The Council of the College actively reviews its bylaws, policies, standards and guidelines to ensure that they remain appropriate. All are posted on the College's website.

Bylaw Amendments in 2016

Diagnostic Imaging Facilities

The College worked with the Advisory Committee on Medical Imaging to update the bylaw 25.1 as follows:

1. The changes clarified the qualifications which a medical director of a facility must meet.
2. The requirements were updated for ultrasonographers to work in a facility that interprets ultrasound, for physicians to interpret and oversee ultrasound; for physicians to interpret MRI and for technologists to work in an MRI facility; and for physicians to perform nuclear medicine and for technologists to work in a nuclear medicine facility.
3. The bylaw amendments added requirements for physicians to interpret CT and for technologists to work in a facility that provides CT.
4. The requirements related to mammography and bone densitometry were updated.

Registration

The registration bylaws were amended to allow internationally trained physicians who have FRCP/FRCS/CCFP to qualify for a regular licence by passing MCCQE1 and successfully practising under supervision in Saskatchewan for five years.

Prior to the change a physician who had attained FRCP/FRCS/CCCP needed to pass MCCQE2 and obtain the designation LMCC in order to transfer to a regular licence.

Policies, Standards and Guidelines

NEW COMBINED AMENDED/UPDATED

- Infection Prevention and Control (IPAC) Guidelines for Clinical Office Practice
- Medical Assistance in Dying (MAiD)
- Medical Examinations by Non-Treating Physicians (NTMEs)
- Patient-Physician Relationships
- Physicians at Risk to Patients
- Physician Certification of Work Absence or Accommodation Due to Illness or Injury and Completion of Third Party Forms
- Physician Disclosure of Adverse Events and Errors that Occur in the Course of Patient Care
- Physician Obligations Regarding Medical Certification of Death
- Physicians/Surgeons Leaving Practice
- Public Access to Council Documents and Redaction of Sensitive Information Contained Therein
- Saskatchewan Opioid Substitution Therapy Guidelines and Standards
- The Practice of Telemedicine
- Unproven and Unconventional Treatment

Membership

During 2016, Registration Services handled approximately:

2393 active licences (new & renewals)

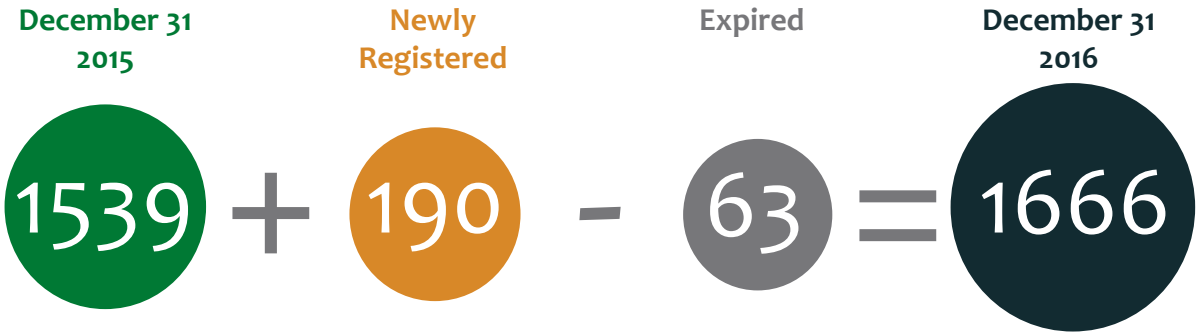
520 applications for licensure (does not include inquiries)

1666 medical professional corporations

Approximately **900** educational licenses for the College of Medicine (new medical students, JURSIs and new or promoted residents)

	Active Licensure	Inactive Licensure
Total Registered as at December 31, 2015	2331	255
Newly registered from Saskatchewan	46	0
Newly registered from other provinces	55	0
Newly registered from other countries	105	0
Reactivated to Full from Inactive	9	-9
Reactivated to Full or Inactive from absence	7	3
Moved from Locum to Active	17	0
Moved to Inactive - Disabled	-4	4
Moved to Inactive In-Province Licensure	-25	25
Moved to Inactive Out-of-Province Licensure	-51	51
Licenses Expired/Invalid	0	-1
License lapsed on Request or Non-payment	-49	-38
Deceased	-5	-1
Moved from Active/Inactive to Locum/Time-limited	-43	-2
Total Registered as at December 31, 2016	**2393**	**287**

Corporate Membership



National Registration Standards

The Council of the College has declared its intent to align with national registration standards that are currently under development.

As a result, in September 2016, our regulatory bylaws were revised to permit physicians with certification from a Canadian certifying body (College of Family Physicians of Canada OR the Royal College of Physicians and Surgeons of Canada) a pass standing on the **Medical Council of Canada Qualifying Exam Part 1 (MCCQE1)** and **FIVE years of successful practice** to convert to a regular licence.

Summative Assessments

The College continues to offer summative assessments for specialist physicians who have exhausted their eligibility for the Royal College examinations. These assessments are labor intensive and take a great deal of time to organize. One (1) specialist completed the summative assessment process in 2016. The College is grateful to all assessors who have supported Saskatchewan specialists through this process.

The College continues to actively recruit practice supervisors and summative assessors for both family physicians and specialists.

Saskatchewan International Physician Practice Assessment (SIPPA)

The SIPPA program revised the entry criteria to SIPPA in the fall of 2016. The SIPPA OSCE was replaced with Candidate Success in either:

- the National Assessment Collaboration (NAC) OSCE (cut score of 75, written in 2014 or later) and the Medical Council of Canada Qualifying Exam Part 1; OR
- the Medical Council of Canada Qualifying Examination Part II (MCCQE2). These changes will be introduced as a requirement for SIPPA eligibility beginning in the Fall of 2017 SIPPA intake.

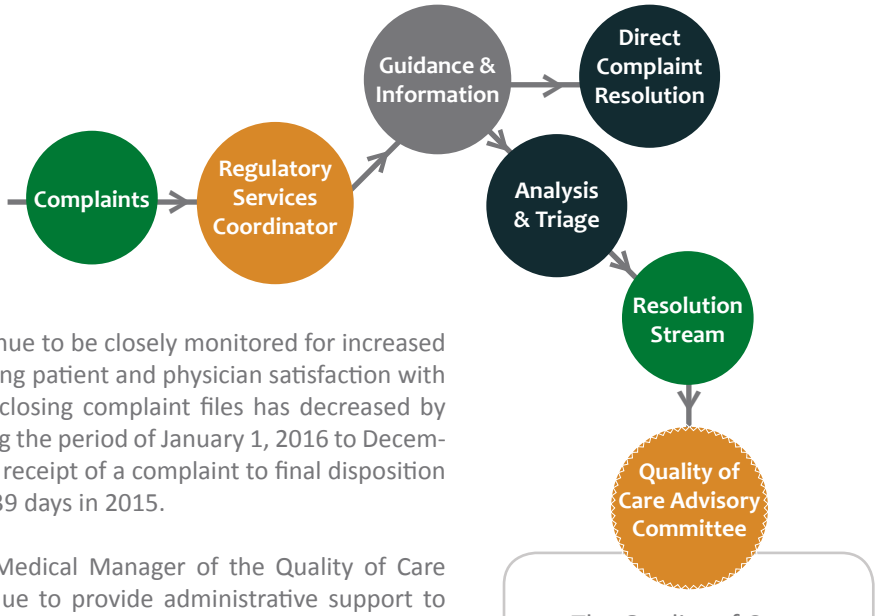
Effective January 01, 2017 SIPPA Candidates who are already successful in either the National Assessment Collaboration (NAC) OSCE (cut score of 75, written in 2014 or later) or the Medical Council of Canada Qualifying Examination Part II (MCCQE2) will be exempted from the SIPPA OSCE.

What's in a Name?

In 2016, the **Complaints** department and the **Complaints Resolution Advisory Committee** transitioned to become the **Quality of Care** department and the **Quality of Care Advisory Committee**.

The changes were made to better reflect the educational, non-punitive means of dealing with complaints that do not meet the threshold for being considered a disciplinary matter. The name change also better reflects the process' focus on quality improvement and also incorporates other areas of responsibility, such as dealing with infection prevention and control issues.

Complaints



The Quality of Care processes continue to be closely monitored for increased efficiencies with the goal of improving patient and physician satisfaction with the process. The average time for closing complaint files has decreased by 13% when compared to 2015. During the period of January 1, 2016 to December 31, 2016 the average time from receipt of a complaint to final disposition is now 121 days, a decrease from 139 days in 2015.

Led by the Deputy Registrar and Medical Manager of the Quality of Care process, administrative staff continue to provide administrative support to the department, a Senior Medical Advisor and the Quality of Care Advisory Committee.

Direct Resolution Tracking was implemented in July 2016 for the Regulatory Services Coordinators. Direct Resolution is offered for lower-level complaints that are directly handled with phone calls or letters to physicians and/or clinics as a result of patient concerns; this method provides valuable information about timely resolution through mediation, in an effort to reduce the timeline for resolving concerns and also reducing the number of formal complaints being received by the Quality of Care department.

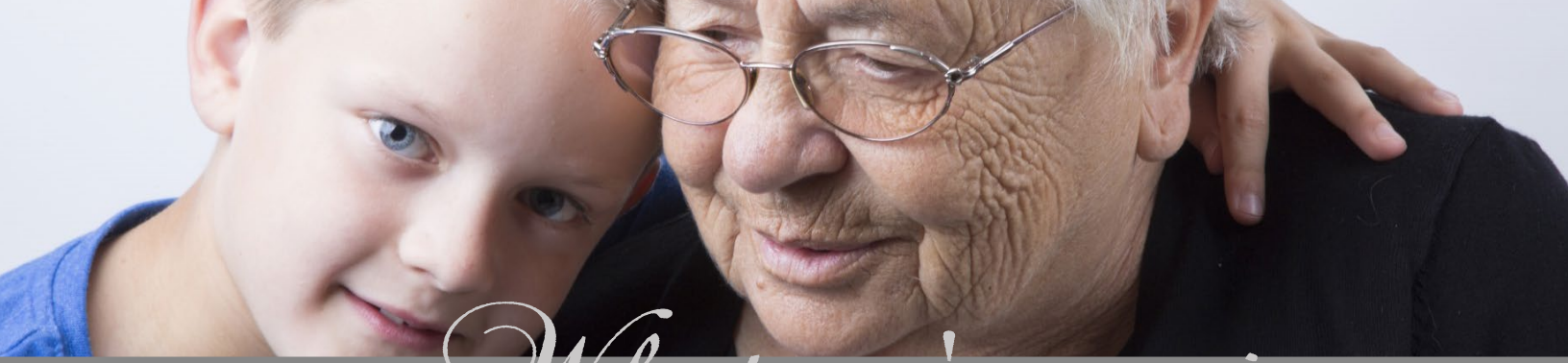
In 2016, the Complaints Department:

fielded
2408 Calls
representing a 1% decrease over 2015.

mailed **331** complaint submission forms out of which **170** were returned as formal complaints. This represents a **0.2% decrease** over 2015.

An overall total of **541** complaint issues were resolved:

- 43 files by the Quality of Care Advisory Committee
- 104 written complaints were resolved without committee by senior department staff
- 394 direct resolutions through calls, letters, and emails
- 9 files were referred to the disciplinary process.



What we're seeing

Patient Concerns

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

36%

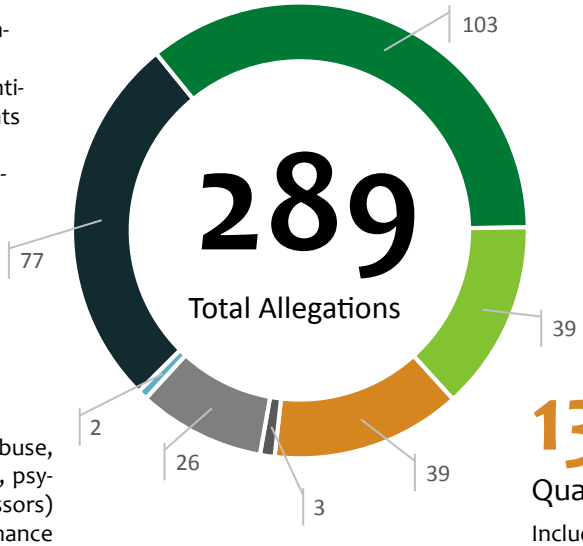
Treatment and Care

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

27%

Quality of Interaction/ Communication

Includes 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.



13%

Practice Management/ Access

Includes 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.

1%

Boundary Violation

Includes any condition (drug abuse, alcohol abuse, physician disease, psychiatric disease or other stressors) that impairs physician performance and ability to practice.

13%

Quality of Care

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

9%

Competence/Knowledge

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

1%

Systemic

Includes areas of access (human resources and technology), continuity of care, interdisciplinary issues (other staff), other healthcare worker, office environment, IPAC (Infection Prevention and Control) and discharge from practice.

The Process

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

Occasionally the allegations and their supporting information are sufficiently clear that the complaint can result in a charge of unprofessional conduct without an investigation by a *Preliminary Inquiry Committee* (PIC). Occasionally, an allegation may be resolved by less formal action, such as by the physician apologizing for the conduct.

Most 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) to determine whether there are 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.

Reporting on Unprofessional Conduct

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 at www.cps.sk.ca. Consequently this report will not include actions taken against specific physicians, but is rather an overview of the College's activities.

Privacy Policy

College policy prohibits the 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.

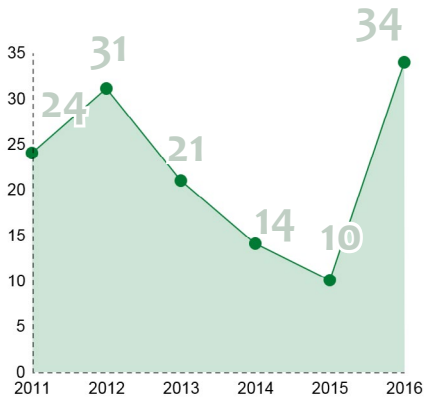
Information about an investigation will generally only become available to the public if charges are laid or if a competency hearing committee is appointed.

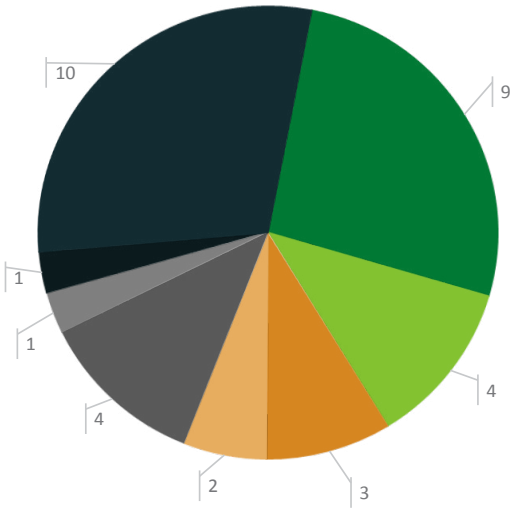
Types of Unprofessional Conduct Complaints Received

In 2016,

the College received and investigated

34 complaints alleging unprofessional conduct or lack of skill and knowledge





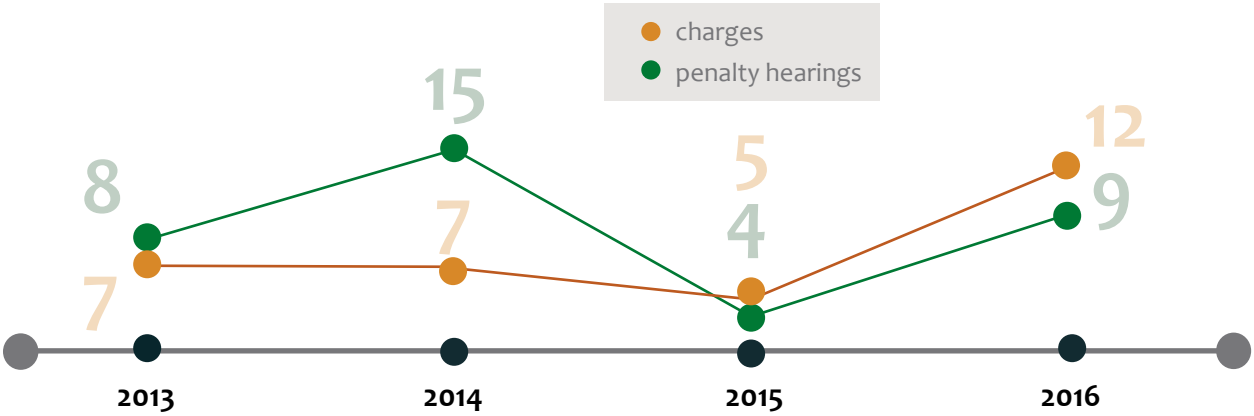
- Boundary Violations (9)
- Failure to Maintain the Standards of the Profession (4)
- Failure to Provide Records on Reports (3)
- Lack of Skill and Knowledge (2)
- Inappropriate Prescribing (4)
- Improper Alteration of Records (1)
- Failing to Respond to College Communications (1)
- Miscellaneous (10)

** 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 2016

Summary of Activities	# of cases
Charges Laid	9
Discipline Hearings	5
Penalty Hearings	12
Resignations as an Alternative to Discipline	0
Hearings After Finding of Lack of Skill and Knowledge	0
Preliminary Inquiry Committees Appointed	9
Competency Committees Appointed	0
Resolved through Alternate Dispute Resolution	4
Total	**39**

Year-to-Year Discipline Comparison



1 physician resignation as an alternative to discipline

1 physician resignation as an alternative to discipline.

4* discipline hearings

** In 3 of those 4 hearings the committee found the physician guilty. In the 4th, the College withdrew the charge after evidence at the hearing disclosed significant concerns about the complainant's credibility.*

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 seven (7) 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**
2. **Failure to provide reports or copies of patient charts requested by patients**
3. **Failure to make appropriate arrangements for patient care when winding up a practice**
4. **Improper prescribing of prescription review program medications (opioids, benzodiazepines, etc.)**
5. **Improper sexual behavior with a patient or coworker**
6. **Improper patient records or altering patient records after becoming aware of a patient complaint or a concern about the treatment provided to the patient**
7. **Improper billing**

Court Actions

Note: The following information is an update on proceedings up to and including December 31, 2016.

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. The court rejected his application.

The Court of Queen's Bench decision is currently still under appeal to the Court of Appeal.

Dr. Darius Tsatsi

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. The action was dismissed by the Court of Queen's Bench. The decision of the Court of Queen's Bench is currently under appeal to the Court of Appeal.

Staffing

The College continues to enjoy stability in its human resources. No significant changes in personnel took place in the year 2016.

Contract Positions

- The College also contracts physician managers for the following programs:
  - The Methadone program,
  - The Summative Assessment program, and
  - The Non-Hospital Treatment Facilities program.
- A physician representative for the College attends the Joint Medical Professional Review Committee (JMPRC).
- The contract position of project manager for the Information Management Project concluded when Phase 1 of the project was completed in the fall of 2016.

Communications and the Strategic Plan

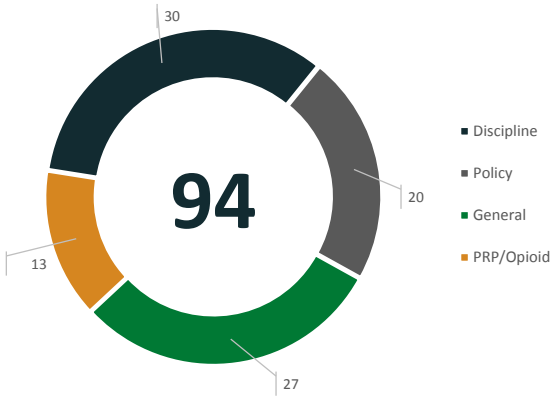
Communications at the College continues to see improvements and innovation in line with Council's Strategic Plan. Other projects completed in 2016 are:

- development and implementation of a Communications Strategy based on Council's Strategic Plan; collaboration with document management system implementation; organisational chart update; expanded search function on website and data entry to database to include languages spoken by physicians.

Projects under development include communications policy development (internal, external and use of branding) and an OH&S Emergency Response Plan.

Media & Public Relations

- Media Requests
  - Information or interviews on a variety of subjects , including MAiD, physician discipline, opioid prescribing and more.

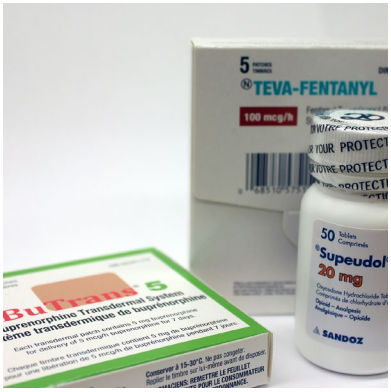


  - 6 public requests for historical data.
- Use of media listening tool (Meltwater) to keep abreast of current events of specific interest to the College. Council and staff are kept apprised of media reports that mention the College.

Services

- Editing, graphic design, promotional, information distribution and translation and other services continue to be provided to various departments, including for surveys, a policy consultation campaign (Medical Assistance in Dying) and the production of guides, guidelines, manuals, informational documents, promotional tools, conference packages, and more. A system was developed to track project requests and their progress.

Prescription Review Program (PRP)



The Prescription Review Program (PRP) is an education-based program operated by the College on behalf of the Ministry of Health that monitors medications with known misuse, abuse and diversion potential for possible inappropriate prescribing. The list of medications monitored by the PRP are listed in the College's Regulatory Bylaw 18.1 (Appendix A) as well as in Appendix B (Prescription Review Program Monitored Medications).

Prescription Monitoring

The PRP alerts physicians to possible inappropriate prescribing or inappropriate use of PRP drugs by their patients. It provides supportive information and recommendations 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 PRP will make recommendations, following best practices, to improve patient outcomes or reduce the possibility of inapporpriate use of these medications.

Letter Counts	
Double Doctor	6925
Explain/Alert (1st Contact)	433
2nd Request	84
Response/Recommendations	370
Law Enforcement Requests	30
Coroner Requests	14

Profile Review

At the end of 2016,
it is estimated that the PRP had
reviewed over
400,000
individual profiles since the
inception of the program in 2006.

Representation

- medSask Advisory Board Meeting
- 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

Education & Outreach

Presentations/Contributions

- Prescription Drug Abuse Summit
- RCMP Northern District Intelligence Conference
- Opioid Substitution Therapy Conference (2nd annual)
- SIPPA : presentations to candidates
- Suboxone CME
- Presentation to the Saskatoon Tribal Council
- 6th Conference on Implementing Best Practices for Pain Management in Saskatchewan

Other Partnerships and Collaborative Efforts

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

- First Nations and Inuit Health Branch - Saskatchewan
  - Addressing prescription drug abuse in Saskatchewan First Nations peoples and communities
- 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)
  - Chief Coroner's Office
- Saskatchewan Justice
  - Corrections
- Provincial Lab Testing
- Saskatchewan College of Pharmacy Professionals
- College of Dental Surgeons of Saskatchewan
- Saskatchewan Registered Nurses Association
- Canadian Community Epidemiology Network on Drug Use (CCENDU)
- Canadian Prescription Drug Monitoring Program Research Network
- Canadian Centre on Substance Abuse (CCSA): First Do No Harm Annual NAC Meeting
- Thunderbird Partnership Foundation: Prescription Drug Abuse Survey Working Group Face-Face Meeting

Methadone Program

The Ministry of Health has been contracting with the CPSS since 2001 to operate the Methadone Program on its behalf. The object of the Program is to administer the process for Saskatchewan physicians to obtain an exemption to prescribe methadone .

The Self-Audit Process

In 2016, the Methadone Program sent out self-audits to all physicians prescribing methadone for addiction in the community. Sixty-three prescribers completed and returned the self-audit. As well, one on-site audit was performed. The results of both audit processes will be available in 2017.

Prescribers

Saskatchewan Methadone Prescribers in 2016

19 **NEW** Saskatchewan prescribers applied for and received a methadone exemption from Health Canada

6 for addiction

13 for pain

Saskatchewan physicians currently holding a methadone exemption

22 (Addiction only) + 65 (Pain only) + 46 (Both Indications) = 133 (Total)

Buprenorphine/Naloxone

In addition to methadone, the College has set a standard for the prescribing of buprenorphine for addiction (Regulatory Bylaw 19.1).

In 2016, the number of physicians eligible to prescribe for the buprenorphine/naloxone combination was tracked for the first time.

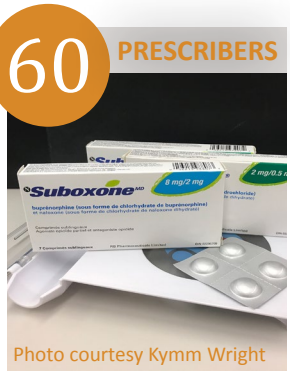


Photo courtesy Kymm Wright

OST Guidelines & Standards

The Methadone Program continues to update the Saskatchewan Opioid Substitution Therapy Guidelines and Standards for the Treatment of Opioid Addiction/Dependence as appropriate. The last update was made April 1, 2016 to include buprenorphine/naloxone.

Opioid Advisory Committee

Pain Specialist
Dr. Carmen Johnson - Palliative

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

SRNA
Leland Sommer

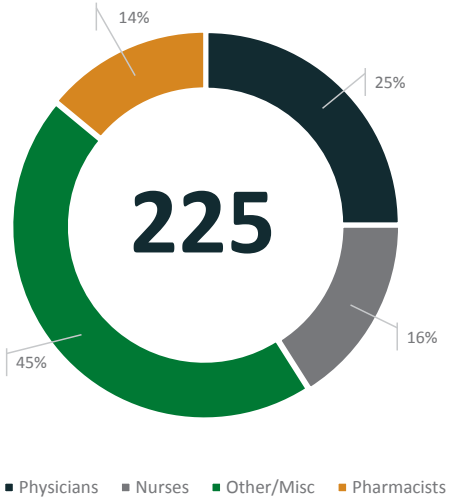
Methadone Program
Dr. Morris Markentin

CPSS Staff
Julia Bareham
Nicole McLean
Liisa Scherban
Laurie Van Der Woude
Dr. Micheal Howard-Tripp

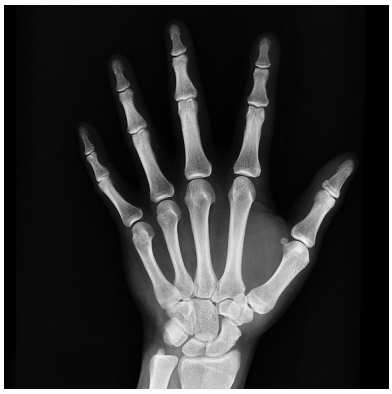
The Opioid Advisory Committee meets quarterly (4 times a year)

2016 Saskatchewan Methadone and Suboxone Opioid Substitution Therapy Conference

The Methadone Program again offered its annual *Opioid Substitution Therapy conference* on April 22 and 23 in Saskatoon. The conference had 11 speakers, who spoke on 20 topics.
A breakdown of the 225 attendees is provided to the right.



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

Mandate

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.
- adopted the national ultrasound standards of the Society of Obstetricians and Gynaecologists of Canada (SOGC) and Canadian Association of Radiologists (CAR).
- replaced its own standards for "MRI" and "Communication of the Imaging Report" with the national CAR standards.
- adopted the "Echocardiography Standards of Canada" for echocardiography practice.

18 PHYSICIAN ASSESSMENTS were completed in 2016.

This was twice the number completed in 2015, partially due to PACS-based reviews.

Laboratory Quality Assurance

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

Program Management Committee

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.

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.

2016 included the implementation of the Western Canadian Diagnostic Accreditation Alliance (WCDAA) standards.

Program Management Committee Members

Dr. Bruce Murray, Dr. Ian Etches (Chair)
Dr. Paul Levett, Microbiology
Dr. Ed Jones, Anatomic Pathology
Dr. Rommel Seno, Hematology
Dr. Jeff Eichhorst, Chemistry
Ms. Paula Dupont, SACLXT
Ms. Kim Deydey, SSMLT
Mr. Colin Toffan, Ministry of Health
Dr. David Guerrero, Ministry of Health
Mr. Patrick O'Byrne, Ministry of Health

Facilities Assessment

13 facilities were assessed in the **Five Hills Health Region** in the spring of 2016.

25 facilities were assessed in the **Regina Qu'Appelle Health Region** in the fall of 2016.

(All facilities licensed by the health regions were assessed.)

External Quality Assessment (EQA)

EQA is one measure of a laboratory's analytical performance in comparison to peers, reference standards and/or reference laboratories. It serves as external validation of the quality of laboratory results and also as a valuable self-monitoring tool. This benefits the laboratory, patients, testing personnel and oversight bodies.

All Medical Laboratories in the Province of Saskatchewan must adhere to General Policy #7 of the **2016 CPSS Laboratory Quality Assurance Policy Manual**, available on the College website at **www.cps.sk.ca**.

Each facility shall enroll in formal external EQA for each test listed on the Medical Laboratory License. Where no external EQA is commercially available, the laboratory shall design EQA (ie.split testing) in order to ensure quality.

All EQA results must be shared with the Laboratory Quality Assurance Program.

All Educational challenges are graded by the LQAP based on expected answers in the Participant Summaries.

186
Medical Laboratories enrolled in

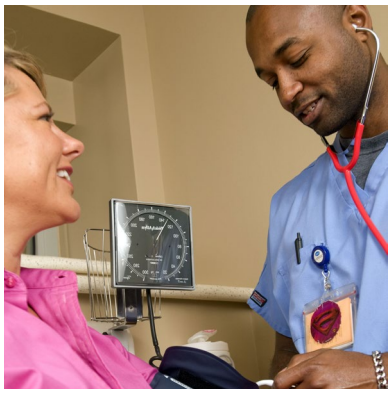
2173
EQA surveys

181
Physician Office Laboratories and

2
STARS helicopters participated in
EQA

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 Facilities 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 Standards and Guidelines regarding the operations of such facilities, including procedures which are acceptable in such settings.

The Approval Process

The Standards and Guidelines used in the approval process are essentially mirrored to those used by the College and Physicians and Surgeons of Alberta, with minor variations taking into account unique circumstances to Saskatchewan. Each facility undergoes an initial inspection, and subsequently every three years. An independent inspection team, generally consisting of a nurse coordinator, anesthetist, and surgeon, performs the inspection, and makes recommendations to the College regarding approval of facilities. Once approval is achieved, a certificate is issued to the facility listing the procedures which they are approved for. In non-inspection years, certificates are renewed based on the Medical Director completing a College form affirming the facility continues to follow the Standards and Guidelines as well as the College Bylaws.

Activities for 2016

We are in the second three year cycle of **facility inspections,** which has provided valuable information regarding our continued efforts to ensure that facilities function in a fully compliant environment.

A recent Saskatoon facility inspection uncovered failure of compliance, which resulted in the facility being closed until all outstanding issues had been resolved, and the Standards and Guidelines were being met.

The above triggered an internal review of our process of facility inspection, compliance of facilities, and Bylaw 26.1.

A list of facilities, and their approval status is available on the College website.

The Non Hospital Treatment Facilities program continues to function well, and is constantly reviewing the overall environment of these facilities to maintain the provision of quality patient care.

11
Inspected & Approved Non Hospital Treatment Facilities

1
New facility undergoing inspection to be operational in 2017

The **Health Facilities Credentialing Committee** provides feedback to the Non Hospital Treatment Facilities Program and has been active in reviewing privileging credentials and making recommendations to Council for final approval of privileging. Meetings are called at the discretion of the Chair.

The **National Working Group for Non Hospital Medical Surgical Facilities**, continues to meet yearly, to collaborate and share program policies, guidelines and processes in support of provincial programs. Efforts are made for a national approach in areas of common concern. The 2016 meeting was hosted in Saskatchewan.

KPMG LLP
500-475 2nd Avenue South
Saskatoon Saskatchewan S7K 1P4
Canada
Tel (306) 934-6200
Fax (306) 934-6233

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, 2016, 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, 2016.

We expressed an unmodified audit opinion on those financial statements in our report dated June 16, 2017.

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, 2016 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 16, 2017

Saskatoon, Canada

Summary Consolidated Statement of Financial Position

December 31, 2016, with comparative information for 2015

		2016	2015
ASSETS			
Current assets:			
Cash and cash equivalents	$	6,733,345	6,889,878
Short-term investments		1,097,707	71,250
Marketable securities		1,311,437	1,192,147
Accounts receivable		352,467	95,741
Prepaid expenses and deposits		47,820	53,695
Due from Programs		-	76,376
		9,542,776	**8,379,087**
Property and equipment		5,391,485	5,650,667
	$	**14,934,261**	**14,029,754**
LIABILITIES AND SURPLUS			
Current liabilities:			
Accounts payable and accrued liabilities	$	766,525	879,930
Deferred revenue - membership fees		4,526,582	4,323,055
Deferred revenue - grants		-	137,000
Administrated funds		86,993	121,230
Due to Programs		82,177	-
		5,462,277	**5,461,215**
Employee future benefits		**958,600**	**954,655**
Surplus		**8,513,384**	**7,613,884**
	$	**14,934,261**	**14,029,754**

Consolidated Statement of Revenue and Expenses

Year ended December 31, 2016, with comparative information for 2015

		Budget (unaudited)	2016	2015
REVENUE:				
Annual fees	$	4,537,560	4,835,348	4,379,880
Laboratory Quality Assurance		376,000	465,155	345,324
Professional incorporation fees		261,350	330,600	301,100
Credentials assessment		273,432	257,375	241,425
Imaging Quality Assurance		138,000	168,367	144,554
Summative assessment		70,000	126,135	131,323
Registration fees		130,500	114,750	132,050
Notary fees and certificates		85,000	92,985	86,320
Investment income		60,000	88,530	73,209
Temporary permits		180,000	88,395	204,470
Non-hospital surgical facility fees		80,000	83,833	71,352
Student registration		62,000	81,460	76,544
Saskatchewan International Physician Practice Assessment (SIPPA) funding from the Ministry of Health		-	75,000	218,357
Discipline committee assessed costs recovery		-	38,722	4,310
Mailing list		25,000	27,161	28,423
Sundry		2,000	743	1,150
		6,280,842	**6,874,559**	**6,439,791**
EXPENSES:				
Administrative	$	4,328,920	4,173,875	3,874,751
Laboratory Quality Assurance		429,623	408,138	365,662
Committee		281,000	395,615	269,711
Office		420,855	373,534	975,856
Council and meetings		336,000	257,746	240,484
Amortization on equipment		200,050	163,599	206,368
Imaging Quality Assurance		168,594	159,406	151,994
Non-hospital surgical facility		29,300	56,345	42,736
Directors and officers liability insurance		30,000	28,236	27,449
Liaison with joint committees		-	15,018	17,356
Grants to external agencies		4,000	3,000	3,000
Legal		40,000	2,851	-
Communications and education		2,500	390	199
Annual meeting		6,000	-	2,854
		6,276,842	**6,037,753**	**6,178,420**
Excess of revenue over expenses before the undernoted		4,000	836,806	261,371
Fair value adjustment on investments		-	63,694	(37,700)
Gain on disposal of furniture and fixtures		-	(1,000)	1,476
Excess of revenue over expenses	**$**	**4,000**	**899,500**	**225,147**

Summary Consolidated Statement of Cash Flows

Year ended December 31, 2016, with comparative information for 2015

		2016	2015
Cash flows from (used in):			
Operations			
Excess of revenue over expenses	$	899,500	225,147
Items not involving cash			
Amortization		371,469	384,875
Market value adjustments on investments		(63,694)	37,700
Employee future benefits		3,945	79,078
Reinvested investment income on marketable securities		(55,596)	(27,208)
Loss (gain) on disposal of furniture and fixtures		1,000	(1,476)
		1,156,624	698,116
Change in non-cash operating working capital:			
Accounts receivable		(256,726)	406,174
Prepaid expenses and deposits		5,875	33,991
Accounts payable and accrued liabilities		(113,405)	90,493
Deferred revenue - membership fees		203,527	354,455
Deferred revenue - grants		(137,000)	137,000
		858,895	**1,720,229**
Financing:			
Advances to / from Programs		158,553	(72,392)
Administrated funds		(34,237)	(84,923)
		124,316	(157,315)
Investing:			
Purchase of property and equipment		(113,287)	(1,611,217)
Increase in short-term investments		(1,026,457)	(21,359)
Proceeds on disposal of furniture and fixtures		-	4,830
		(1,139,744)	**(1,627,746)**
Decrease in cash		(156,533)	(64,832)
Cash and cash equivalents, beginning of year	$	6,889,878	6,954,710
Cash and cash equivalents, end of year	**$**	**6,733,345**	**6,889,878**

Summary Consolidated Statement of Surplus

Year ended December 31, 2016, with comparative information for 2015

		Invested in property and equipment	Unrestricted	2016	2015
Balance, beginning of year	$	5,650,667	1,963,217	7,613,884	7,388,737
Excess (deficiency) of revenue over expenses		(371,469)	1,270,969	899,500	225,147
Purchase of property and equipment		112,287	(112,287)	-	-
Balance, end of year	**$**	**5,391,485**	**3,121,899**	**8,513,384**	**7,613,884**

Notes to Summary Consolidated Financial Statements

Year ended December 31, 2016

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, 2016 and for the year ended December 31, 2016.

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

Looking Foward

As we move forward into 2017, Council Members and Staff at the College of Physicians and Surgeons of Saskatchewan will be working hard to complete several projects already underway and continue to make headway on new projects under development.

In the coming year, we plan to:

GOVERNANCE

- continue to ensure the implementation of the Strategic Plan
- develop new policies and improving existing policies to guide our members;
- communicate our desire to to optimize the diversity of Council by solliciting the government to consider appointing a duly qualified member who may be able to offer perspective from a First Nations or Metis background in keeping with the recommendations made within Truth and Reconciliation Commission's report;
- seek First Nations experts to assist us with the College's committee work relating to the recommendations made within Truth and Reconciliation Commission's report;
- collaborating with the ministry in the move towards a single health region;
- move toward bylaw synchrony with the the national standards approved by the Federation of Medical Regulatory Authorities of Canada.

OPERATIONAL

- continue the move to electronic files by converting the paper files of active registered physicians to an electronic format;
- continue to optimize the Quality of Care processes to better assist affected physicians in navigating though the system;
- continue to improve the timely disposition of discipline matters, consistent with legal principles of fairness and natural justice;
- review the Registration Services processes for optimization;
- continue to collaborate with national partners in integrating International Medical Graduates (IMGs) into the workforce through nationally accepted practice ready 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;
- continue collaborating at a national level in reviewing Physician Assessment Tools and their potential use in physician performance improvement.

Public Protection
Healthy Public Policy

College of Physicians
and Surgeons
of Saskatchewan

101-2174 Airport Drive
Saskatoon, SK S7L 6M6

cps.sk.ca

Phone: (306) 244-7355

Complaints: (800) 667-1668

Fax: (306) 244-0090

E-mail: cpssinfo@cps.sk.ca

Information: communications@cps.sk.ca