



2019

ANNUAL REPORT



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ABOUT THE COLLEGE

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

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

Mission

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

Vision

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

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

Values

The CPSS promises to be:

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



LEADERSHIP

Dr. Brian Brownbridge
President 2019

Dr. Karen Shaw
Registrar & CEO



A Message From the President & the Registrar

We are proud of the work completed during 2019. It will serve us well as we continue to review our governance and develop new strategic goals that will contribute to our mission: *“To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care”*.

We thank our dedicated and hardworking Council and staff. We are proud of what a small but dedicated number of people can accomplish in a year. We also thank our membership for their assistance with our work, and last, but certainly not least, we thank the public for allowing us to regulate the practice of medicine in the province of Saskatchewan. It is a privilege to do so on your behalf.

It is our pleasure to provide you an overview of some of our accomplishments since our last annual report.

Governance

During 2019 Council continued with the governance review that had been initiated in the latter part of 2018. The challenge was to ask whether we are regulating what we should be regulating and in a manner that is consistent with the principles of “right touch” or risk-based regulation; are we in step with current societal norms; and what if anything needs to be changed in how we conduct our business.

Out of this work, Council identified areas it wished to focus on and appointed working groups to improve its communication with the public/patients, and with physicians; identify competencies for Councilors and adopt a formal method of regularly assessing its Councilors

and its meetings; and consider whether there were additional standing committees that should be considered to assist with our work.

Medical Student Research

The College engaged a second year medical student, Joel Scott, for a summer research project which continued throughout the year. Under the mentorship of Dr. Brian Clapson, Mr. Scott looked at SIPPA candidates through the lens of complaints and looked at identifying physician factors that may pose a risk to the individuals as they enter their clinical field assessment. This work ties nicely into the national physician factor work of identifying both risk and resilience factors. It is refreshing to work with a medical student and we look forward to expanding to include both medical and pharmacy students next year.

Licensure and Registration

In terms of improvements in licensing and registration over 2019, the College invested in a review to look at our tools and processes involved in the supervision and summative assessments of physicians, which is the process that takes a physician from a provisional licence to an enduring form of licence. The project was focussed initially on the post-SIPPA process, however, the lessons learned will be applied to the supervision and summative assessment processes of both internationally trained family physicians and specialists. The final report is expected to be received from Dr. Brian Clapson in early 2020.

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Code of Conduct, Alternate Dispute Resolution and Sexual Boundaries Policy Review and Development

We review on a regular basis those policies and standards of practice already adopted by the Council, to ensure that they remain relevant and up to date. New policies and standards of practice are developed in areas when we identify a need.

One area of new policy development in 2019 was the development and adoption of a Code of Conduct. The majority of physicians act professionally, which contributes to a healthier workplace and good patient outcomes. Inappropriate physician behaviour can lead to a number of detrimental outcomes. Some of these are noted as a poor healthcare environment, including negative effects on patient safety and quality of care, the erosion of relationships between staff, patients, learners and families, adverse effects on the work environment or on the caregiver's health, and a negative image of the profession and the healthcare system.

The Code of Conduct sets out expectations of physicians and is intended to:

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

This Code of Conduct applies in any environment where a physician interacts with patients, colleagues, co-workers, learners and others, and it clarifies the College's expectation of Saskatchewan physicians in all stages of their career, in all facets of medicine, and in all methods of care delivery.

The College has also adopted the 2018 CMA *Code of Ethics and Professionalism* with some adaptations, in italics, to paragraphs 18 and 33, as follows:

"18. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential; collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient *in a manner*

consistent with The Health Information Protection Act. Exceptions include situations where the informed consent of the patient has been obtained for disclosure or as provided for by law.

33. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues *or concerns, based upon reasonable grounds, that a colleague is practising medicine at a level below an acceptable medical standard, or that a colleague's ability to practise medicine competently is affected by a chemical dependency or medical disability.*"

The Council continues to amend the Sexual Boundaries policy recognizing that societal attitudes have changed and penalties which health regulatory bodies previously imposed for sexual misconduct may not be reflective of current societal norms. The definition of sexual misconduct, what constitutes a "former" patient, consideration of support for the complainant and consideration of a presumptive penalty are all being discussed. This work is expected to be completed in early 2020.

Another important piece of work completed by the College in 2019 was in the development and adoption of an *Alternate Dispute Resolution* (ADR) Policy. The College of Physicians and Surgeons of Saskatchewan is guided by its *Governance Policies* and the *End - Public Protection* is Council's highest priority. We recognise that the public and the medical profession deserve our timely and effective resolution of complaints of unprofessional conduct. We acknowledge the importance of transparency in College regulatory and discipline processes, and the importance of balancing a physician's right to privacy, and the public's right to transparency.

While the College has always been involved with alternate dispute resolution such as the educational review of complaints through the Quality of Care process, the policy on *Alternate Dispute Resolution* is a statement of principles to assist Council and the Executive Committee in considering whether ADR would be appropriate in individual cases that would normally have been investigated more formally through the discipline process. It is intended to provide transparency as to the principles applied and process followed by the College.

Other Programs and Committees

Prescription Review Program

The College administers programs on behalf of the Ministry, one of which is the Prescription Review process. This is primarily an educational program to identify those who are prescribing a panel of medications with inherent risk of

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abuse and misuse, inappropriately. We continue to try to find better ways of identifying poor opioid prescribing in order to improve the prescribing by educational means and in part address the opioid crisis which has touched our province.

Truth and Reconciliation Committee

We continue to identify opportunities to further our understanding of the needs of our Indigenous people and contribute to an environment of cultural safety. Council received a presentation on an overview of the First Nations' Treaties and other issues related to Indigenous people from Dr. Kevin wâsakâyâsiw Lewis, a Plains Cree instructor, researcher and writer. Several members of the senior team participated in excellent learning opportunities; *The Role of Practitioners in Indigenous Wellness and Building an Awareness of Cultural Humility*.

2015-2019 Strategic Plan to 2020-2025 Strategic Plan

Optimising Practice Excellence: Customer Value; Optimising Operational Excellence: Enabled People and Leadership; and Enhanced Awareness and Trust of the College: Improved Processes – Resource Stewardship, were the goals of the 2015-2019 strategic plan. Many of the outputs from our efforts will serve as a foundation for future improvements.

In the later part of 2019, Council started to develop a new strategic plan and identified areas it wished to focus its attention:

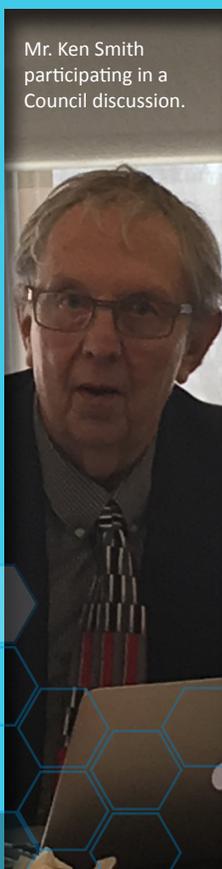
- Build an integrated Information Technology /Information Management system to assist our communication and data needs;
- Identify a College led process to assess and support physicians for competence and performance throughout physicians' careers;
- Enhance College supervision, assessment and support of International Medical Graduates moving from provisional to regular licensure;
- Optimize opioid prescribing to continue our efforts in addressing the opioid crisis.

The goals are outlined on page 8 in this annual report and the new strategic plan is expected to be approved in early 2020.

We look forward to the new challenges that 2020 will bring.

Sincerely,

**Dr. Karen Shaw, Registrar and CEO, and
Dr. Brian Brownbridge, President, CPSS**



Mr. Ken Smith participating in a Council discussion.

A Message From a Public Member of Council

“Public Protection” is a dominant element in the vision statement of the College of Physicians of Saskatchewan. The focus on public protection is maintained through the collaboration between the physician and public members on the Council of the College. The physician members bring assurance of the application of best medical practices and the public members are there to assure that societal norms and expectations are brought into Council deliberations. It is an important collaboration and one taken very seriously by the five public members of Council.

As one of those five public members, I am delighted to report that Council in 2019 made meaningful advances towards the target of public protection and to note that consideration of the public interest is inherent in all its deliberations. The centrality of public protection to the mandate of the College is most visible in the 2019 passage of Bylaw 8.1 on sexual misconduct. The new Bylaw reaffirms that boundary conditions must be observed and allows harsher consequence for a proven infraction. Also, public interest was foremost in Council's consideration of the recommendations of the Truth and Reconciliation Report. The subsequent commitment is to improve relations with persons in the Indigenous communities. While consideration of public protection and public interest was inherent in every Council deliberation, the passage of Bylaw 8.1 and consideration of the Truth and Reconciliation are merely representative of the advances made towards the College's mission “To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.”

Ken Smith, Ph.D.
Public Member from Saskatoon

Members of Council

Dr. Brian Brownbridge	Saskatoon	Anaesthesia	President
Dr. Grant Stoneham	Saskatoon	Diagnostic Radiology	Vice President
Dr. Alan Beggs	Regina	Orthopedic Surgery	Past President
Dr. Adegboyega Adewumi	Moose Jaw	Psychiatry	
Dr. James Barton	Saskatoon	College of Medicine	
Dr. N. Prasad Bhathala Venkata	Swift Current	Psychiatry	
Mr. Lionel Chabot	North Battleford	Public Member	
Dr. Mark Chapelski	Lloydminster	Family Medicine	
Dr. James Fritz	Regina	Otolaryngology	
Dr. Pierre Hanekom	Melfort	General Practice	
Mr. William Hannah	Kenaston	Public Member	
Dr. Olawale (Franklin) Igbekoyi	Rosetown	Family Medicine	
Dr. Yusuf Kasim	Yorkton	Obstetrics/Gynecology	
Dr. Oladapo Mabadeje	Prince Albert	General Surgery	
Mr. Burton O'Soup	Norquay	Public Member	
Mr. Femi Ogunrinde (November-December)	Regina	Public Member	
Dr. Yagan Pillay	Prince Albert	General Surgery	
Mr. Trevor Dean Poole (January-April)	Saskatoon	Student Observer	
Mr. Joel Scott (November-December)	Saskatoon	Student Observer	
Ms. Shivani Shruti Tauh (May-November)	Saskatoon	Student Observer	
Mr. Ken Smith	Saskatoon	Public Member	
Dr. Preston Smith	Saskatoon	College of Medicine	

Executive Committee

Dr. Brian Brownbridge	President
Dr. Grant Stoneham	Vice President
Dr. Olawale Franklin Igbekoyi	Member at large - Physician Member
Dr. Alan Beggs	Member at large - Physician Member
Mr. Ken Smith	Member at large - Non-Physician Member



Council and Senior Staff

Back Row/Standing (L-R): Ms. Caro Gareau, Dr. Preston Smith, Dr. Adegboyega Adewumi, Dr. Yagan Pillay, Dr. Mark Chapelski, Dr. James Fritz, Dr. O. Franklin Igbekoyi, Mr. Bryan Salte, Dr. Werner Oberholzer, Mr. Ken Smith, Mr. William Hannah, Mr. Burton O'Soup, Mr. Ed Pas, Dr. Yusuf Kasim, Dr. Pierre Hanekom.

Front Row/Sitting (L-R): Dr. Alan Beggs, Ms. Sue Waddington, Dr. Grant Stoneham (Vice President), Dr. Karen Shaw (Registrar), Dr. Brian Brownbridge (President), Ms. Sheila Torrance, Dr. N. Prasad Bhathala Venkata, Dr. Oladapo Mabadeje, Mr. Lionel Chabot.

Continuous Improvement

After a stimulating presentation on some of the considerations in modernizing governance in the later part of 2018, Council reviewed resources and considered the question of what “right touch regulation” might look like for the CPSS. Council identified priority areas where it wished to focus its attention.

Council appointed working committees for the five areas identified.

1. Developing better communication with physicians

This working group developed its Terms of Reference and identified some priorities which included:

- Analytics about emails (which ones were opened and read, etc.) to better inform the committees’ work;
- Redesign the website;
- Improve communication with physicians through process automation; personalized automated reminders concerning requested reports that are due, follow up to meetings, CME reminders, reminders pertaining to renewal etc.

2. Developing better communications with patients/public

The priorities identified by this working group included:

- Redesign of the website, in both the format and content;
- Design/produce a brochure that briefly describes the College’s role and directs people to the website; and
- Consider the use of advisory panels.

3. Developing expected competencies for Councilors and establishing a process to assist with recruitment

The working group developed a draft matrix of preferred competencies which will be presented to Council for approval in early 2020.

4. Developing a better method for Councilor assessment

The committee identified an appropriate assessment tool and piloted it late Fall with the results to be analyzed in early 2020.

5. Additional Standing Committees – What committee? What constitution?

This working group will meet in early 2020.

Planning for the Future

STRATEGIC PLAN 2014-2019

2019 is the last year for the current strategic plan that focused our attention on achieving the following:

1. Optimizing Practice Excellence: Customer Value
2. Optimizing Operational Excellence: Enabled People and Leadership
3. Enhanced Awareness and Trust of the College: Improve Processes and Resource Stewardship

Much of the groundwork laid over the past 5 years while focusing on these areas, has provided a good foundation for continuous quality improvement in these areas into the future.

STRATEGIC PLAN 2020-2025

At the November Council meeting, Council met to develop a new strategic plan. Out of that facilitated event the goals below were articulated. Over the last few weeks of 2019 and into 2020, the objectives will be refined, and key initiatives will be developed, along with timelines and interim measures. We look forward to working towards these goals.

 <p>GOAL 1</p> <p>An integrated Information Technology and Information Management platform to effectively support College decision-making, program evaluation, and engagement with members and the public.</p>	 <p>GOAL 2</p> <p>A robust College-led process to assess and support physicians for competence and performance throughout their careers.</p>	 <p>GOAL 3</p> <p>Enhanced College supervision, assessment and support of International Medical Graduates (IMGs) moving from a provisional to a regular license.</p>	 <p>GOAL 4</p> <p>Optimal physician prescribing of opioids.</p>
WHAT SUCCESS LOOKS LIKE IN 2025			
<ul style="list-style-type: none"> ✓ The College has a seamless IT/IM platform that is multi-modal, device agnostic, and able to effectively support College decision-making. ✓ 100% of College programs have metrics to support program evaluation. ✓ There is a decrease in the number of complaints and concerns raised during the renewal of licensure and corporations. ✓ There is an improvement in the ease of access to College information by members and the public. 	<ul style="list-style-type: none"> ✓ A College-approved process is in place that assesses physicians every 10 years. ✓ A network of support services for physicians is in place. ✓ More physicians are compliant with the continuous professional development requirements. ✓ In collaboration with key stakeholders, physicians who are not practising at an appropriate standard are identified and deficiencies addressed in a more timely manner. 	<ul style="list-style-type: none"> ✓ There is an increased percentage of IMGs who move through the process within 12 months. ✓ There is an increase in the number of repeat supervisors and assessors. ✓ IMG candidates perform better at final assessment without an interim process. 	<ul style="list-style-type: none"> ✓ 100% of physicians who prescribe opioids have reviewed and implemented recognized guidelines and have completed an education program. ✓ An increasing number of physicians who have access to the EHR viewer and/or PIP use it when prescribing opioids.

Bylaw Development and Changes

The College's Regulatory Bylaws establish expectations for physicians and for the College. They establish practice standards, establish a Code of Ethics, define certain forms of conduct as unprofessional and establish requirements for licensure. The Council actively reviews College bylaws, policies, standards and guidelines to ensure that they remain appropriate. All are posted on the College's website.

Bylaw Changes in 2019

During 2019, the Council adopted several changes to the College's Regulatory Bylaws:

Infection Control in Medical Clinics

Bylaw 26.2 was added to allow the College to investigate concerns related to inadequate infection control in locations in which physicians practise.

If the College receives information that indicates there may be a risk to patient health due to inadequate infection control measures, the Registrar can appoint one or more persons to perform an inspection. The person or persons so named are given the authority to review records, interview physicians and staff and conduct a physical examination of the premises.

The primary intention of the Council in adopting this bylaw was to allow for effective inspections and to address and resolve concerns that there may be inadequate infection control practices.

Delegation of Surgical Assisting Duties to Registered Nurses

Regulatory bylaw 23.3 (a)(vii) and (b) were amended to address delegation of surgical assisting duties to a registered nurse. Surgical assisting duties can be delegated to a registered nurse in a facility operated by the Saskatchewan Health Authority or within an accredited non-hospital treatment facility if the registered nurse has been assessed by the Saskatchewan Health Authority (SHA) as competent to act as a surgical assistant. In order to delegate surgical assisting duties, the physician must be satisfied that the registered nurse is capable to perform the duties as competently and safely as another duly qualified medical practitioner who has been granted privileges by the SHA to act as a surgical assistant.

This bylaw amendment was intended to bring the wording in line with current systems, as the previous wording required a registered nurse to be privileged by the health authority as a surgical assistant.

Non-Hospital Treatment Facilities – Expectations of medical directors relating to delegation of surgical assisting duties to Registered Nurses

Regulatory bylaw 26.1 was amended by amending (j)(v)(13) to require the medical director of a non-hospital treatment facility to ensure that prior to a physician delegating surgical assisting duties to a registered nurse, the registered nurse has been assessed as competent by the Saskatchewan Health Authority to act as a surgical assistant; has the appropriate knowledge, skill and judgment to perform the surgical assisting duties; and is able to perform the surgical assisting duties as competently and safely as another duly qualified medical practitioner with SHA privileges to act as a surgical assistant.

This amendment was intended to ensure that similar requirements exist to permit delegation of surgical assisting duties to a registered nurse whether at an SHA facility or a non-hospital treatment facility.

Residents permitted to sign orders under The Youth Drug Detoxification and Stabilization Act

Paragraph (j.1) was added to **Regulatory bylaw 2.12** Educational Licensure, permitting residents to sign orders under *The Youth Drug Detoxification and Stabilization Act*, but only after consulting with a physician who will not be signing the order. The order must also be signed by a physician holding a regular or provisional licence.

This bylaw amendment arose from a request from the department of psychiatry and was intended to improve patient care.

Delegation to licensed practice nurses (LPNs) to inject bioactive agents

Regulatory bylaw 23.3 was amended by adding paragraphs (i) and (j) to allow physicians to delegate to LPNs the authority to inject bioactive agents, but only if the physician has first assessed the patient and established a treatment plan for the injection.

Adoption of new Code of Conduct

Regulatory bylaw 7.2 was added to include a *Code of Conduct* that establishes expectations for conduct by Saskatchewan physicians. The document was adapted from similar documents in effect in Alberta and Quebec. It provides additional clarity respecting the College's expectations of physicians who practise in Saskatchewan.

Adoption of the 2018 CMA Code of Ethics and Professionalism

Regulatory bylaw 7.1 was amended to adopt the 2018 Canadian Medical Association *Code of Ethics and Professionalism* (with two minor amendments) as the Code of Ethics that Saskatchewan physicians are expected to uphold. This replaced the 2004 CMA *Code of Ethics* that had previously been adopted and contained within bylaw 7.1.

Conflict of Interest

Regulatory bylaw 9.1 (e)(iv) was amended to clarify that the sale or supply of a drug, medical appliance, medical product or biological preparation to a patient at a profit is a conflict of interest unless it is done in accordance with the policy *Sale of Products by Physicians*. This amendment was necessitated to ensure consistency with the policy which was adopted by the Council in March 2019.

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.

Policies, Standards & Guidelines

The Council of the College actively reviews its policies, standards and guidelines to ensure that they remain appropriate. Guidelines, standards and policies are assigned a sunset date for review.

All of the College's policies can be found on the College's website.

The new and amended policies below can be accessed by clicking on each policy title in [BLUE](#).

Physician Obligations Regarding Medical Certifications of Death – AMENDED

Paragraph a) of the existing policy was amended by Council to ensure consistency with the applicable legislation, *The Coroner's Act, 1999*. A physician is not required to complete a Medical Certificate of Death if one of two conditions applies: 1) if the physician has reason to believe that the death occurred in one of the circumstances described in section 7 of *The Coroner's Act, 1999* (generally, a "suspicious death"), or 2) if the physician is unable to make a reasonable determination of the medical cause of death. It is not the fact of the coroner's involvement but rather the physician's conclusion that the death is one that is required to be reported to the coroner that means the physician should not complete the Medical Certificate of Death.

Opioid Agonist Therapy (OAT) Prescribing – AMENDED

Council approved an amendment of the previous policy to include a cover page indicating that the Registrar can waive any requirement set out in the policies provided the Registrar concludes that it is in the public interest to do so. That waiver can be granted subject to conditions, including conditions relating to the locations in which the waiver applies and the length of time for which the waiver is in effect.

Sale of Products by Physicians - NEW

Council approved a policy to provide a framework on the ethics and responsibilities surrounding the sale and promotion of products by physicians to patients. The policy recognizes the potential conflict of interest that may exist, whether real or perceived, if the physician's own interests conflict with the duty to act in the best interests of the patient.

The policy, which must be read in conjunction with Regulatory bylaw 9.1 and the Guideline *Conflict of Interest*, outlines the conditions applicable to the sale of products and institutes restrictions on the sale price of these products, depending on whether the products are "medically necessary" or "medically optional" (as defined in the policy). The policy identifies certain records that must be kept by physicians who choose to sell products to their patients.

Performing Office-based Non-Insured Procedures - AMENDED

Council approved three revisions to this policy to reference Health Canada regulations in relation to stem cell treatments and platelet rich plasma treatments. The amendments were to the paragraph providing examples of non-insured procedures directed at the treatment of pathology, and a general requirement to ensure compliance with Health Canada regulations was also added.

Conflict of Interest - AMENDED

Council approved an amendment to paragraph 1 of this guideline to ensure consistency with the policy *Sale of Products by Physicians*. Previous reference to the 2004 Canadian Medical Association (CMA) *Code of Ethics* was also amended to reference the 2018 CMA *Code of Ethics and Professionalism*.

Uninsured Services - NEW

Council has approved a policy to establish expectations of physicians in relation to billing patients for uninsured professional services. It is intended to be complementary to the policy *Sale of Products by Physicians* and must be read in conjunction with regulatory bylaw 9.1 and the *Conflict of Interest* guideline.

The policy identifies the guiding ethical principles and establishes expectations of physicians in terms of determining the amount to charge a patient for uninsured services and the process of advising patients of the applicable fee.

Website Terms of Use and Privacy - NEW

The Council approved a policy that describes the CPSS website terms of use, and the website's collection and use of information. The policy includes a content disclaimer, copyright information, and a brief description of the College's use of cookies.

This policy is accessible by a link at the bottom left of the CPSS website home page.

Alternative Dispute Resolution - NEW

Council approved a policy that sets out the principles to be applied by the Council and Executive Committee in exercising their discretion to consider whether alternative dispute resolution (ADR) may be appropriate in any particular disciplinary matter. The policy identifies the applicable Governance Policies, defines the relevant terms, establishes guiding principles, and provides examples of situations in which ADR may be appropriate and the types of ADR to be considered.

The policy also addresses the general rules regarding publication of an alternative dispute resolution, both with respect to publication on the CPSS website and in Certificates of Professional Conduct requested by another medical regulatory authority.

The Practice of Telemedicine - AMENDED

Council approved amendments to this policy as recommended by the Council committee following stakeholder consultation. The amendments followed recommendations made by the telemedicine working group of the Federation of Medical Regulatory Authorities of Canada.

The amendments include an updated definition of telemedicine and provide considerably more guidance with respect to the standards of practice of telemedicine.

Confidentiality of Patient Information - AMENDED

This guideline underwent a sunset review, and Council approved a number of updates. These include referencing the 2018 CMA *Code of Ethics and Professionalism* that is now contained within bylaw 7.1, adding reference to the *Code of Conduct* now contained within bylaw 7.2, and updating references to legislation and various other resources.

The Membership in Numbers

The College's Registration Services department is responsible for the licensure of physicians wishing to practise in Saskatchewan.

Physician Membership	Active Licences	Inactive Licences
Total Registered as at December 31, 2018	2570	381
Newly registered from Saskatchewan	53	0
Newly registered from other provinces	58	0
Newly registered from other countries	89	0
Reactivated to Regular License from Inactive License	14	-14
Reactivated to Regular License or Inactive License from Absence	7	0
Moved from Time-Limited License to Active License	8	0
Moved to Inactive In-Province License	-34	34
Moved to Inactive - Disabled License	-2	2
Moved to Inactive Out-of-Province License	-79	79
License Expired/Invalid	-1	0
License Lapsed on Request or Non-payment	-50	-51
Deceased	-5	-1
Moved from Active/Inactive to Time-limited License	-2	0
Total Registered as at December 31, 2019	2626	430
Total Increase	+2.2%	+12.8%

Educational Membership

The College handles educational licences for students at the College of Medicine (new medical students, clerks and clerk electives, and new or promoted residents and resident electives).

Licence Type	Total
New Medical Students	100
Clerks	107
Clerk Electives	235
New/Promoted Residents	462
Resident Electives	42
Total Educational Licences*	946

* Approximate count.

Corporate Membership

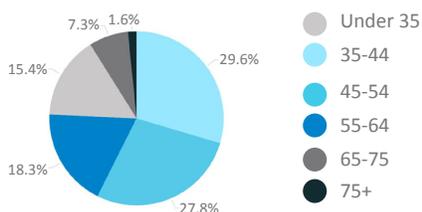
The College manages the registration process for medical corporations for the Province of Saskatchewan.

Activity	Total
December 31, 2018	1752
Expired	-95
Newly registered	123
Total at December 31, 2019	1780

Profile of the Saskatchewan Physician

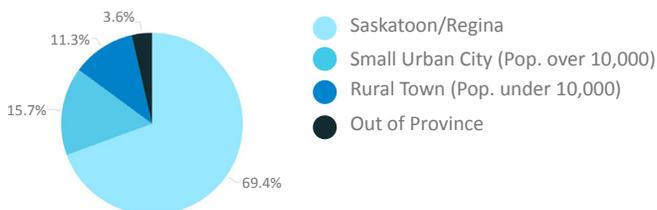
Age Breakdown of Physicians

The average age of physicians holding a licence is **47.5 years**.



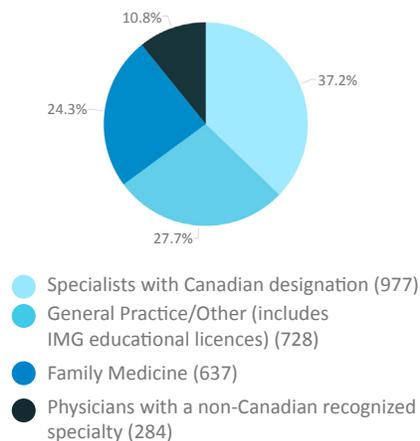
Rural/Urban Distribution

*Location of PRIMARY office. Many physicians hold a primary office in an urban area and also travel to serve a rural area.



General Field of Practice

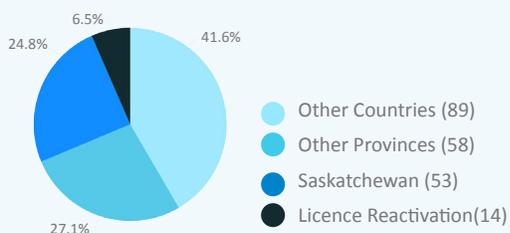
What is the ratio of specialists to family doctors and general practitioners in Saskatchewan?



Where did they come from?

Sources of New Registrants

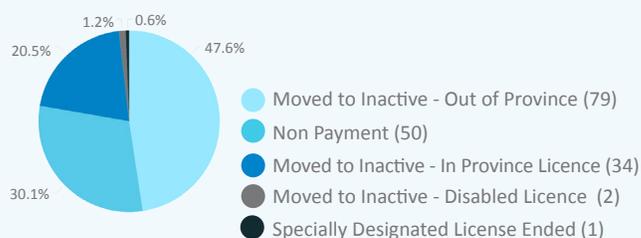
A total of **214** physicians arrived to practice or returned to active licensure in Saskatchewan in 2019.



Where did they go?

Registrants No Longer Practicing

A total of **171** physicians discontinued practicing in Saskatchewan in 2019.



NET INCREASE in PHYSICIANS in 2019 43



EDUCATIONAL DIVERSITY

Where did our Physicians* obtain their Medical Degree?

Top 20 countries*	Total
Canada	1696
South Africa	315
Nigeria	175
India	134
Ireland	101
Pakistan	101
Iran	68
United Kingdom	55
Egypt	53
Libya	39
Poland	27
Bangladesh	21
Dominica	19
Grenada	18
Philippines	15
Saint Kitts and Nevis	12
Iraq	12
USA	12
Congo, Democratic Republic of Congo	11
Sri Lanka	10

*Includes country of MD training for physicians, clerks, interns and residents who practiced in Saskatchewan with an active licence, including time-limited licenses, for any period of time in 2019.

Where did our International Medical Graduates (IMGs) obtain their Graduate Degree?

Top 20 countries**	Total
South Africa	471
Nigeria	219
United Kingdom	283
India	193
Ireland	156
United States	122
Pakistan	117
Egypt	103
Iran	101
Libya	42
Poland	25
Bangladesh	24
Australia	23
Philippines	21
Sri Lanka	21
Dominica	19
Netherlands, Antilles	18
Grenada	17
Iraq	15
Congo, Democratic Republic of Congo	12

**Includes country of Graduate training for IMG physicians who practiced in Saskatchewan with an active licence, including time-limited licenses, for any period of time in 2019.

What specialties have our physicians been trained in?

*Physicians who registered with us for any period of time in 2019. Some physicians may hold more than one specialty.

Specialty	Total		
Anatomic and Clinical Pathology	1	General Internal Medicine (GIM)	3
Anatomical Pathology	38	General Medicine	2
Anesthesiology	139	General Pathology	14
Cardiac Surgery	5	General Surgery	120
Cardiology	34	General Surgical Oncology	2
Cardiovascular and Thoracic Surgery	3	Geriatric Medicine	2
Chemical Pathology	2	Geriatric Psychiatry	2
Child and Adolescent Psychiatry	1	Gynecologic Oncology	2
Clinical Immunology and Allergy	3	Gynecologic Reproductive Endocrinology and Infertility	1
Clinical Pathology	2	Hematological Pathology	6
Community Medicine	6	Hematology	17
Critical Care Medicine	11	Hospice and Palliative Medicine	1
Cytopathology	2	Infectious Diseases	16
Dermatology	13	Internal Medicine	295
Developmental Pediatrics	1	Maternal-Fetal Medicine	1
Diagnostic Radiology	147	Medical Biochemistry	2
Emergency Medicine	24	Medical Genetics	3
Endocrinology and Metabolism	7	Medical Genetics and Genomics	1
Family Medicine	653	Medical Microbiology	3
Family Medicine - Fellowship (FCFP)	5	Medical Oncology	11
Family Medicine/ Care of the Elderly	2	Neonatal-Perinatal Medicine	5
Family Medicine/ Emergency Medicine	28	Nephrology	24
Family Medicine/ Family Practice Anesthesia	9	Neurology	31
Family Medicine/Palliative Care	5	Neuropathology	4
Family Medicine/ Sport and Exercise Medicine	5	Neuroradiology	2
Forensic Pathology	2	Neurosurgery	20
Gastroenterology	16	Nuclear Medicine	12
		Obstetrics and Gynecology	92
		Occupational Medicine	1
		Ophthalmology	32
		Orthopedic Surgery	59
		Otolaryngology	17
		Pain Medicine	1
		Pediatric Cardiology	1
		Pediatric Emergency Medicine	7
		Pediatric General Surgery	1
		Pediatric Hematology/Oncology	4
		Pediatric Nephrology	1
		Pediatric Oncology	1
		Pediatric Respiriology	1
		Pediatric Surgery	2
		Pediatrics	134
		Physical Medicine and Rehabilitation	11
		Plastic Surgery	16
		Psychiatry	140
		Public Health / Public Health & General Preventive Medicine / Public Health and Preventive Medicine	17
		Pulmonary Diseases	2
		Radiation Oncology	20
		Radiology	6
		Respirology	21
		Rheumatology	11
		Special Certificate of Competence in Emergency Medicine	1
		Thoracic Surgery	3
		Urology	18
		Vascular Surgery	10

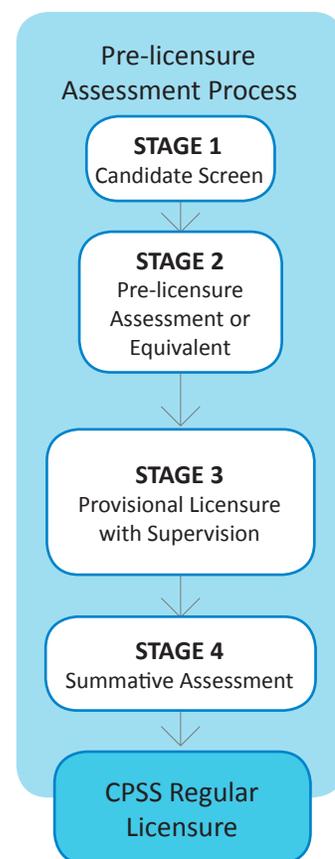
FROM IMG TO SASKATCHEWAN DOC: INTEGRATION OF INTERNATIONAL MEDICAL GRADUATES INTO THE SASKATCHEWAN HEALTHCARE SYSTEM

International Medical Graduates wishing to practise in Saskatchewan have access to various assessment pathways to have their credentials and experience recognised so that they may enter into practice in the Saskatchewan Healthcare System.

Pre-licensure Assessments

The pre-licensure assessment is designed to permit internationally trained physicians who are not eligible for Canadian certification to demonstrate that they possess the academic knowledge, technical skill and clinical judgment to enter supervised practice in Saskatchewan.

Summative assessment refers to a process by which a physician is evaluated for the purpose of conferring regular licensure. This process provides assurance to the CPSS that the physician practises in a competent manner in his/her discipline, is meeting the expected standard of care and that patient safety is not compromised.

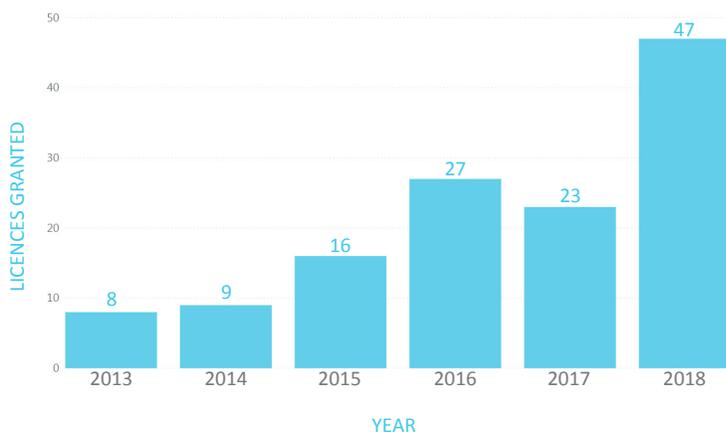


General Practitioner Summative Assessments

The College continues to conduct summative assessments for family physicians and specialists.

In 2019, 28 physicians completed summative assessments.

Enduring licence granted following successful summative assessment

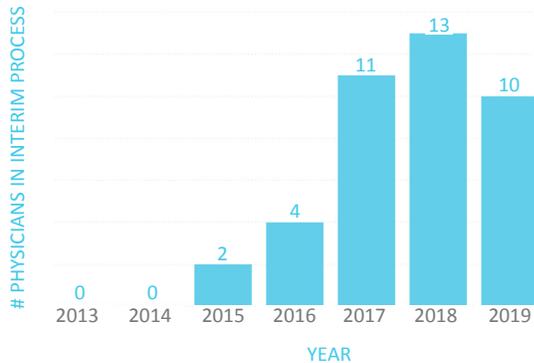


The College is grateful to all assessors who have supported Saskatchewan physicians through this labour-intensive process.

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

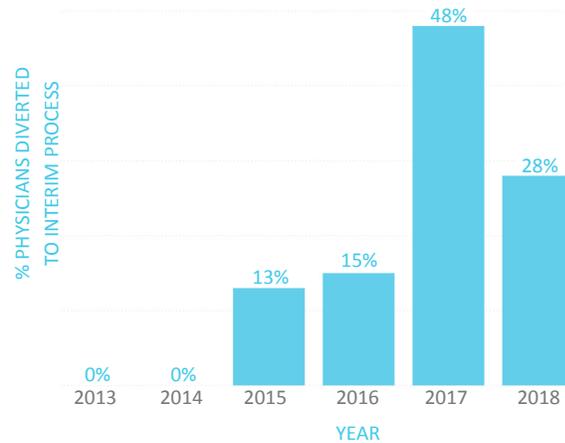
Summative Assessments - Interim Process

Physicians in the Interim Process have received an initial Summative Assessment review where the assessor has concluded that some remedial work needs to be completed (ie: courses for charting, professionalism, communication, etc.) and that the assessment is on 'hold' until those things have been completed and then re-reviewed.



Percentage of candidates diverted to Interim Process

The percentage in the graphic below refers to the number of physicians who had to complete additional remedial work, out of the total number of physicians who completed the summative assessment.



Practice Ready Assessments

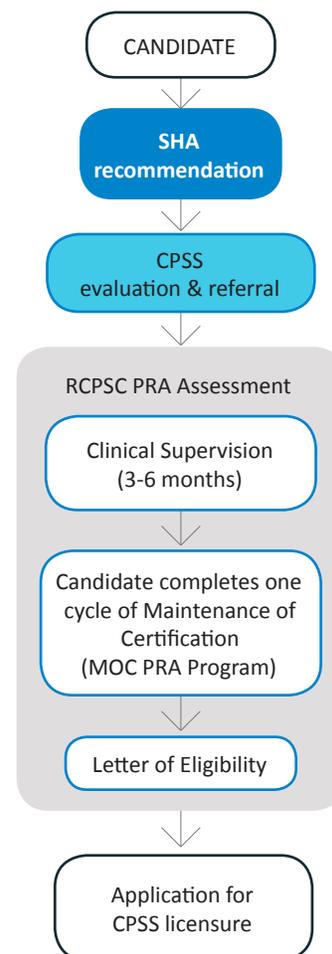
The Saskatchewan Health Authority (SHA) puts forward Practice Ready Assessment (PRA) candidates for consideration to the attention of CPSS.

Qualifying candidates are then referred to the Royal College of Physicians and Surgeons of Canada (RCPSC) to ensure that they meet the criteria for a PRA. If eligible for the PRA, the RCPSC requires the candidate to be assessed for a three-to-six-month period in a supervised clinical setting (within the SHA). The supervisor/assessor is required to complete forms for the RCPSC.

The RCPSC will send the candidate forms for completion once the clinical assessment is complete and the candidates must complete a cycle of Maintenance of Certification (MOC PRA program) with the RCPSC. If they are successful, the RCPSC will issue them a letter of eligibility in their discipline.

A considerable challenge to this pathway is the capacity to conduct a Practice Ready Assessment. It may be difficult for the SHA to provide the amount and type of resources required for such an assessment.

Only **one** physician was engaged in this process in 2019.

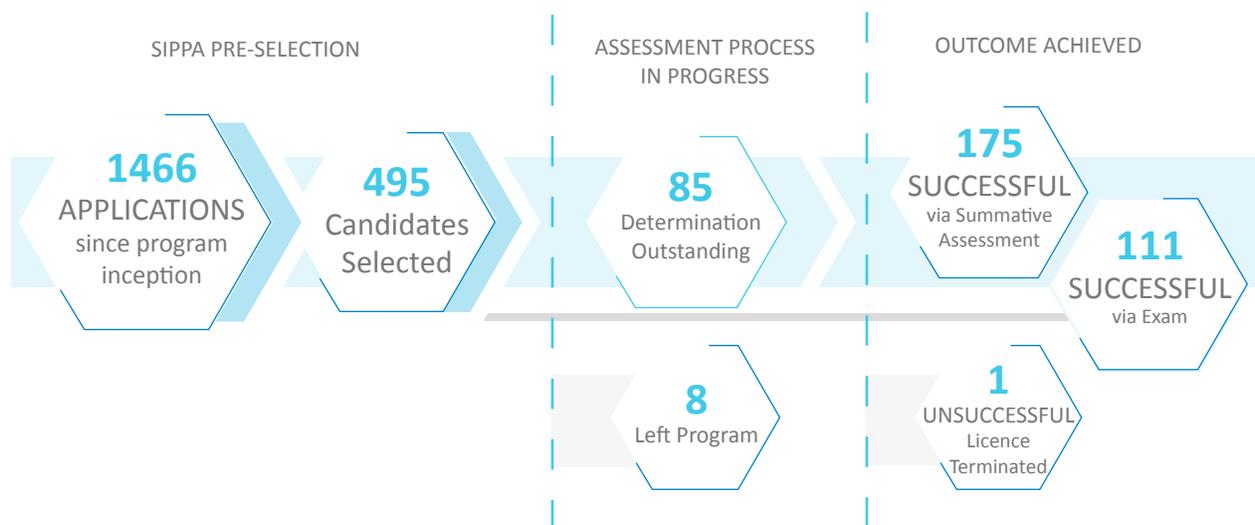


Saskatchewan International Physician Practice Assessment

In 2009, with family physicians in short supply in Saskatchewan, the Saskatchewan International Physician Practice Assessment (SIPPA) was created as a collaboration between the Ministry of Health, Saskdocs, the Regional Health Authorities (now the Saskatchewan Health Authority), the CPSS and the University of Saskatchewan, College of Medicine, Continuing Medical Education Department to assess International Medical Graduates who met certain licensing requirements. For a number of years, SIPPA was one of the few NAC PRAs (National Assessment Collaboration Practice Ready Assessment) which accepted physicians with postgraduate training of less than 24 months. The program garnered much interest and Saskdocs stepped up to assist.

A description of the current SIPPA process follows on the next page.

Physician success in obtaining licensure through the program SINCE ITS INCEPTION (at December 31, 2019):

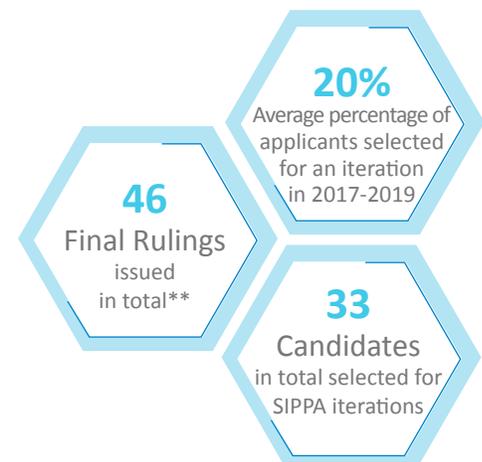


SIPPA Activity in 2019



2019 Iteration*	# of candidates	# successful
Winter 2019	11	11
Spring 2019	11	10
Fall 2019	12	12
Total	24	23

*Where "# of candidates" represents the number of physicians selected for the Clinical Field Assessment (CFA) and where "# successful" means they have passed the CFA and were granted a Provisional Licence with Restrictions.



**Includes candidates who had applied in previous years but obtained final ruling in 2019.



QUALITY OF CARE

THE QUALITY OF CARE TEAM

The Quality of Care (QoC) Department navigated through 2019 with several changes to staff members, an increase in the number of formal complaints received, and process improvements to provide timely responses to complainants and physicians. The QoC Department continues to work towards improvements in processes and to shorten timelines for resolution of complaints. With some process improvements and increase in staffing, during the period of January 1, 2019 to December 31, 2019 the average time from receipt of a complaint to final disposition was reduced to 71 days from 88 days.

The Quality of Care Advisory Committee (QCAC) met six times in 2019. The new members adapted well to the committee's practises and a total of 321 files were reviewed and closed by the committee and members of the department. 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. Most complaints about the care provided by, or the conduct of, a physician continue to be reviewed through the educational Quality of Care Process.

The Regulatory Services Advisors are the initial contact persons for complainants and provide guidance and information as well as resolving low-level complaints. Senior Medical Advisors have 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 Quality of Care Advisory Committee who provide support and advice to the Medical Manager. Two administrative staff support the Complaints Department and the Quality of Care Advisory Committee

Statistics in Quality of Care

There continues to be an increase in activity in most areas of the Quality of Care Department. Similar to contributing factors identified in 2018, the increase could be explained in part by public education and awareness and the increase of access to social media.

Activity	2018	2019	Variance+
Total Calls Received	2979	3497	17.4%
Complaint Forms Mailed Out	433	371	-14.3%
Formal Complaints Received	297	306	3%

Complaints Received	2018	2019	Variance+
New Complaints	298	306	3%
Complaint Files Closed*	272	321	18%
Complaint Files in Progress at Dec 31	63	48	-12.7%
Total Physicians Receiving Complaints	242	221	-8.7%

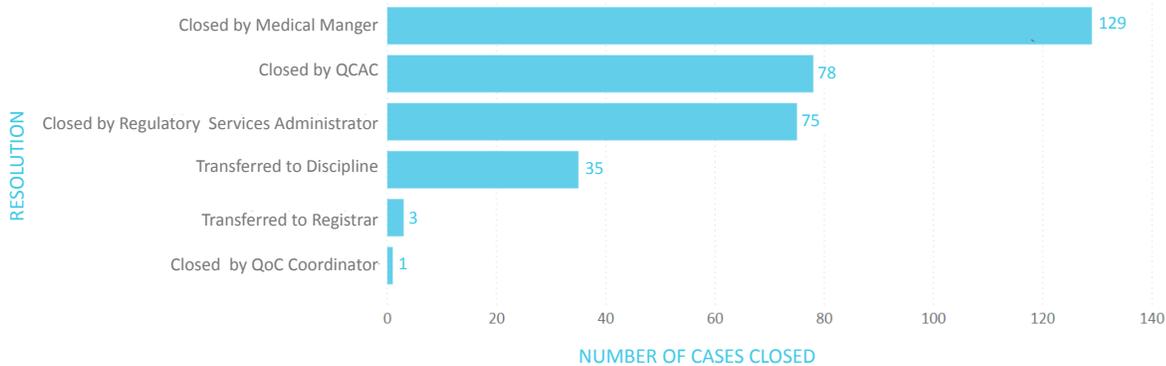
* Files closed includes outstanding files from 2018

Days to Close of Files	2017	2018	2019
Days from Receipt of File to Closed	120	88	71
Days from Receipt to Final Letter	137	104	77
Days from Closed to Final Letter	15	13	1
Year-to-year Efficiency: Variance (+/-)		27%	19%

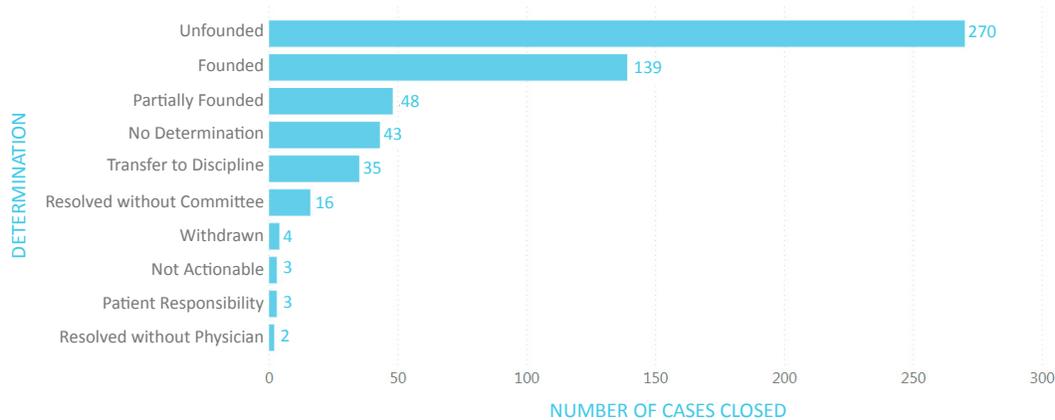
Fast Facts

- The average response time to contact the complainant after receipt of the complaint was eight (8) days.
- The number of discreet physicians was 221 from the 306 complaints received in 2019.
- Three (3) QoC files were appealed to the Registrar's office.
- Thirty-five (35) files were identified by the intake staff as more appropriately reviewed by the discipline unit.

Resolution of Complaints Received



Determination of Complaints



TOTAL FILES MANAGED IN 2019

of OPEN files January 1, 2019 **63**

+

of NEW files RECEIVED in 2019 **306**

-

of files CLOSED* in 2019 **321**

=

of OPEN files December 31, 2019 **48**

*Files closed include monitoring, transfer to discipline.

Top Concerns Among Complaints Received

*a single complaint may contain more than one allegation

Complaints Received	2019	%	2018	%	Variance
B1. Quality of Interaction/Communication	141	27.2%	148	25.3%	-4.7%
B3. Treatment and Care	176	33.9%	205	35.0%	-14.6%
B4. Practice Management/Access	91	17.5%	117	20.0%	-33.3%
B5. Quality of Care	44	8.7%	52	8.8%	-15.4%
B6. Systemic	29	5.5%	23	4.0%	-26.1%
C1. Competence/Knowledge	37	7.1%	36	6.2%	0%
F1. Boundary Violations - Financial	1	0.1%	4	0.7%	-75.0%
Total	519		585		

B1 - Quality of Interaction / Communication: insensitive care, inappropriate behaviour, rudeness, poor patient/physician communication

B3 - Treatment and Care: assessment, tests, diagnosis, refused treatment, inappropriate examination, unnecessary tests

B4 - Practice Management / Access: poor standards, lack of follow up, delayed referral, record keeping

B5 - Quality of Care: Medical errors, discrimination, failed procedure, complication of investigation/treatment

B6 - Systemic: access to Human Resources, technology, continuity of Care, other staff

C1 - Competence/Knowledge: incorrect/missed diagnosis, medical mismanagement, altering/falsifying records

F1 - Boundary Violation: sexual, financial, other

Disciplinary Actions

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. Consequently, this report does not contain information about disciplinary decisions related to specific physicians but is rather an overview of the College's disciplinary activities.

Process Overview

Pursuant to *The Medical Profession Act, 1981*, the College is required to investigate when it receives an allegation that a physician has acted unprofessionally or that a physician lacks skill and knowledge. While this information is typically referred to as a "complaint", it may include the following:

- A complaint from a member of the public
- A complaint from a colleague, either a physician or other co-worker
- A referral by the Joint Medical Professional Review Committee (JMPRC)
- A referral by the Saskatchewan Health Authority (SHA)
- Information from the Prescription Review Program that a physician is not prescribing appropriately
- A concern that a physician has failed to appropriately respond to communications from the College
- A referral from the Practice Enhancement Program (PEP) alleging that a physician lacks skill and knowledge
- A referral from the Quality of Care department alleging that a physician failed to maintain the standard of practice of the profession.

Once the physician has had an opportunity to respond to the complaint, the information is reviewed by the College's Executive Committee, a subset of the Council. Based on its review, the Executive Committee has a number of options which include the following:

1. In rare circumstances, the Executive Committee moves directly to charge the physician with unprofessional conduct.
2. If the Executive Committee determines that it has reasonable grounds to believe that a physician may be guilty of unprofessional conduct, it can appoint a preliminary inquiry committee (PIC) to further investigate the complaint.
3. The Executive Committee may determine that it has reasonable grounds to believe that a physician may be guilty of unprofessional conduct but decide that the matter can be resolved through alternative dispute resolution (ADR). This may involve the physician agreeing to restrict their practice, to take certain remedial courses, or to provide an apology. In 2019 the Council formalized its approach to ADR in the new policy *Alternative Dispute Resolution*.
4. If the Executive Committee determines that it does not have reasonable grounds to believe that a physician may be guilty of unprofessional conduct, the complaint is dismissed.

There is often a considerable amount of information considered by the Executive Committee. It takes its job very seriously, as its decisions have significant implications for the involved parties. 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.

If a PIC has been appointed, it prepares a report of its investigation that is considered by the Council. The Council then decides whether to lay a charge(s) of unprofessional conduct, to direct ADR, or to dismiss the complaint.

PRIVACY

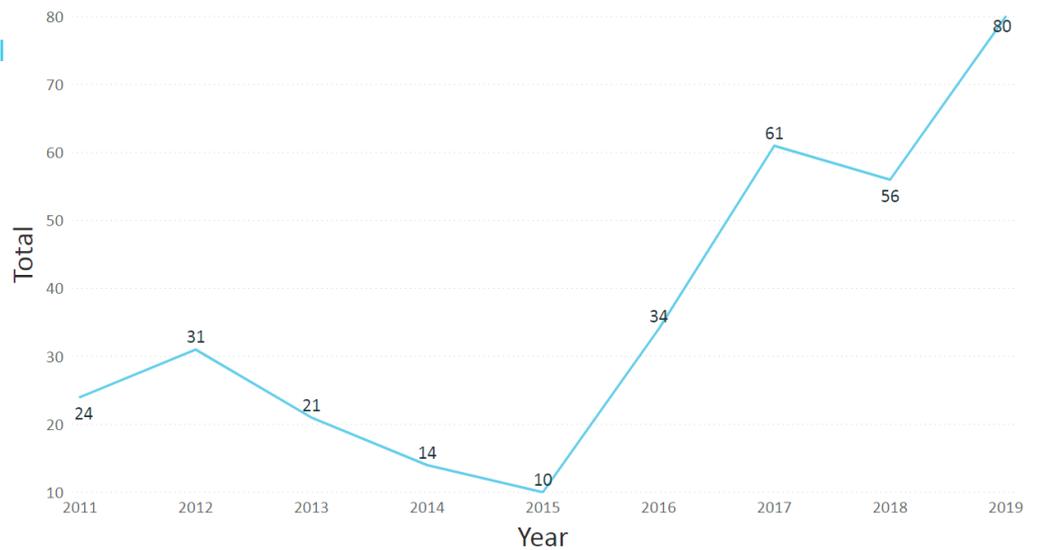
College policy prohibits the release of information about investigations that are underway, unless there is a specific reason to do so. Information about an investigation will generally only become available to the public if a charge is laid or if a competency hearing committee is appointed.

Statistics

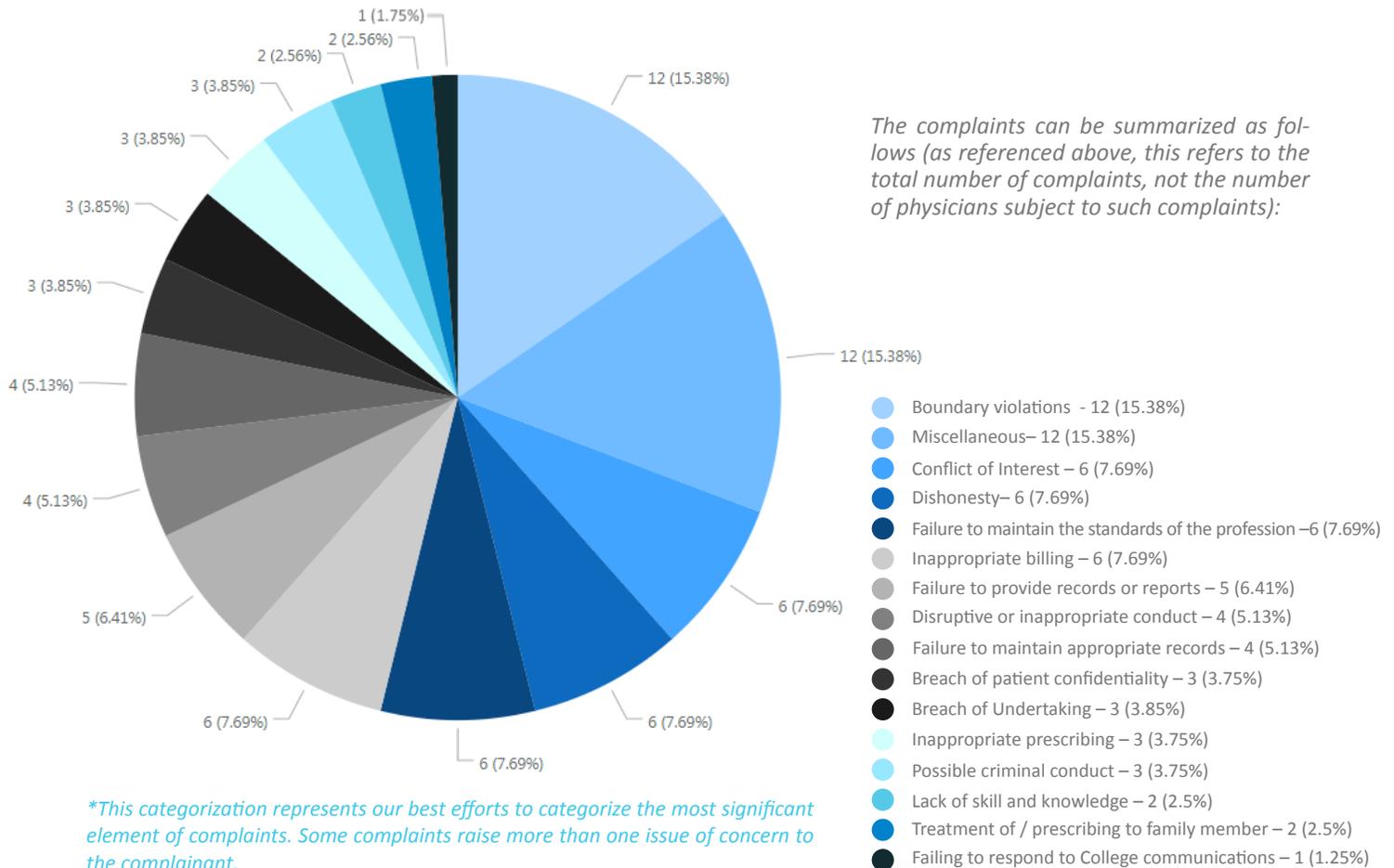
Investigated Complaints Relating to Unprofessional Conduct: Year-to-Year Comparison

The College received more than one complaint against some physicians.

In 2019, **80** complaints relating to potential unprofessional conduct were investigated against **58** physicians.



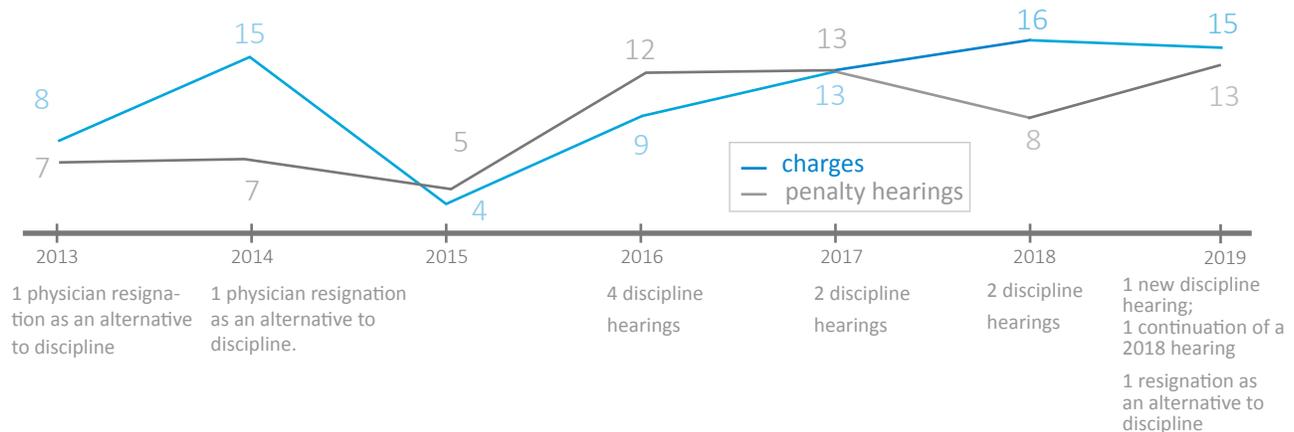
Nature of Complaint Cases Reaching Discipline



Discipline Activity

In 2019, Council laid charges of unprofessional conduct against 15 physicians and conducted 13 penalty hearings. There were 2 hearings before the discipline hearing committee (one was the continuation of a hearing commenced in 2018). Council accepted one physician's resignation as an alternative to discipline.

While the number of complaints increased in 2019, the discipline activity was similar to activity in 2018 and 2017 but represented an increase over the discipline activity in previous years:



Alternative Dispute Resolution

Since 2017, there has been an increased emphasis on resolving disciplinary complaints through alternative dispute resolution (ADR), whenever that is appropriate. A significant development in 2019 was Council's approval of a policy formalizing its approach to alternative dispute resolution. The policy, which is available on the College website, confirms that the Council and/or Executive Committee have discretion to decide whether or not ADR is appropriate in a particular case. The policy identifies the principles to be considered by the Council and Executive Committee in making that determination and is intended to provide transparency.

When considering whether it is appropriate to resolve a complaint through ADR, the Executive Committee and/or the Council will consider the seriousness of the conduct alleged in the complaint and will also consider whether the proposed resolution will achieve an appropriate outcome and be in the public interest. It is important to note that ADR can be directed either pre-charge (before or after a PIC is appointed), or post-charge.

Among the complaints resolved through alternative dispute resolution in 2019 were concerns that:

- a physician had been charged with unprofessional conduct relating to his prescribing practices and his record-keeping. The charges were resolved by the physician undertaking to relinquish his licence and never to practice medicine again.
- a physician had been charged with failing to complete hospital records in a timely manner. The charges were resolved by the physician undertaking to take a course in medical record-keeping, to cooperate in a chart audit, and to complete all hospital records within 7 days of the patients' discharge.
- a physician had breached a patient's confidentiality. The complaint was resolved by accepting the physician's agreement to participate in a study program related to patient confidentiality and provide an apology to the patient.
- a physician had failed to provide reports about their patients on a timely basis. The complaints were resolved when the physician completed the reports, made administrative changes to his practice to avoid the situation recurring, and agreed to provide regular reports to the College related to the outstanding requests for reports.
- several physicians were referred to the College by the JMRC with allegations of poor quality of care and/or inadequate medical record-keeping. Those complaints were resolved when the physicians entered into undertakings including various of the following requirements: to meet with the College Registrar and President, to obtain training on electronic medical records (EMR), to complete a course on medical record-keeping, and to cooperate with a subsequent chart audit, the results of which would be considered by the Executive Committee to determine whether any further action by the College was required.
- a physician provided medical treatment to his wife. The complaint was resolved when the physician attended a meeting with the College Registrar and President to discuss the College's concerns with this behaviour.

Top 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 several issues which appear to be more frequently the subject of investigations of possible unprofessional conduct in the past few years.

1	Improper sexual behavior with a patient	There have been a significant number of complaints to the College alleging boundary breaches by physicians. Those complaints have alleged sexual relationships with patients, failing to accord patient privacy, inappropriate physical examinations and attempting to establish an inappropriate social relationship with a vulnerable patient or with a coworker. There is considerable literature which emphasizes the importance of maintaining appropriate professional boundaries with patients. That is particularly important in dealing with patients who are potentially vulnerable. The consequences for failing to do that can be very significant, up to losing the ability to practise medicine. The Council of the College has directed that the College provide additional educational opportunities for physicians, residents and medical students to address a concern that some physicians may not be fully aware of appropriate patient boundaries. The College has appointed a committee to provide recommendations to the Council on how the College should address concerns of improper sexual behaviour with patients. Legislation in some other provinces imposes penalties that are more severe than has been imposed in Saskatchewan. Recent legislation in Alberta imposes a penalty of permanent loss of licensure without any ability to apply for a licence for some improper sexual behaviour with a patient. The <i>Sexual Boundaries</i> policy was updated in early 2020.
2	Improper billing for professional services	This has involved both concerns that physicians have improperly billed Medical Services Branch for services and that physicians have charged patients an unreasonable fee for non-insured services. In some instances, physicians have charged for services which they did not provide and have been charged with the criminal offence of fraud. 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 or who has provided services that are not reasonably justifiable. If the physician's billings are sufficiently egregious, the conduct can be unprofessional.
3	Dishonesty	Several physicians have been charged with professional misconduct for alleged dishonesty. The charges have alleged that physicians provided false information to their employer, provided altered documents to the College, were untruthful when providing information to the College and were untruthful when interviewed by a preliminary inquiry committee.
4	Improper prescribing of prescription review program medications (opioids, benzodiazepines, etc.), opioid agonist therapy (methadone, suboxone) and medical marihuana	Physicians have been charged with unprofessional conduct in relation to their prescribing practices for each of these substances. Other physicians are currently under investigation for concerns about their prescribing practices. Physicians should be aware of the guidance documents related to prescribing, such as: <ul style="list-style-type: none"> • the <i>2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain</i> available at http://nationalpain-centre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf • the College's policy on <i>Opioid Agonist Therapy (OAT) Prescribing</i> available at https://www.cps.sk.ca/iMIS/Documents/Legislation/Policies/POLICY%20-%20OAT%20Prescribing.pdf • the College's <i>Opioid Agonist Therapy Program (OATP) Standards and Guidelines</i> available at https://www.cps.sk.ca/iMIS/Documents/Legislation/Policies/OAT%20Standards%20and%20Guidelines.pdf • CPSS Regulatory Bylaw 19.1 Standards for prescribing of methadone or buprenorphine for addictions • CPSS Regulatory Bylaw 19.2 Standards for Prescribing Marihuana (bylaws available at https://www.cps.sk.ca/iMIS/Documents/Legislation/Policies/OAT%20Standards%20and%20Guidelines.pdf)
5	Failing to provide reports or copies of patient charts requested by patients, and also overcharging to provide a copy of a patient chart .	College bylaws which define unprofessional conduct state that it is unprofessional conduct to fail to "provide within a reasonable time any report or certificate requested by a patient or a patient's authorized agent in respect of an examination or treatment provided by a physician." The policy adopted by the Council, <i>Physician Certification of Work Absence or Accommodation Due to Illness or Injury and completion of Third Party Forms</i> , states that the College expects that the time to provide such reports should normally not exceed 30 days. That policy is available on the College website.
6	Maintaining improper patient records, failing to maintain proper records or altering patient records after becoming aware of a patient complaint or a concern about the treatment provided to the patient	The disciplinary actions taken against physicians who have not maintained appropriate and accurate records emphasizes the importance of appropriate medical records in providing patient care.
7	Conflict of interest.	The College's regulatory bylaw 9.1 addresses conflict of interest as does its guideline <i>Conflict of Interest</i> . Recent complaints have alleged that physicians inappropriately directed patients to a particular pharmacy or professional. While these complaints have not always resulted in a charge of unprofessional conduct, they provide a reminder to physicians that they must be very careful to disclose any possible conflicts of interest to patients.



The legal work required by the College is among the most interesting and demanding forms of legal work that a lawyer can provide. I have the privilege of working with exceptional staff at the College, including Sheila Torrance and Rochelle Wempe, the other lawyers currently working at the College, and of interacting with the dedicated and talented members of Council and the many physicians in Saskatchewan who give of their time to participate in College activities. I am grateful for that opportunity.

- Bryan Salte, Associate Registrar and Legal Counsel

Court Actions

Court Actions by Physicians Challenging College Decisions

1	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. Dr. Huerto appealed the decision of the Court of Queen's Bench to the Court of Appeal. The appeal was argued in April 2019, and the appeal was dismissed in December 2019. The matter is now concluded.
2	Dr. Reynaldo Cardoso-Medinilla	Dr. Cardoso-Medinilla was found guilty of unprofessional conduct by a discipline hearing committee in 2019. He appeared before Council in September 2019 for a penalty hearing. He subsequently filed an appeal of the decision of the Discipline Hearing Committee and the Council's penalty order. In 2020, the College was advised that the appeal would be withdrawn.
3	Dr. Alfred Ernst	Dr. Ernst was found guilty of unprofessional conduct by a discipline hearing committee in 2019. He appeared before Council in September 2019 for a penalty hearing. He subsequently filed an appeal of the decision of the Discipline Hearing Committee and the Council's penalty order. The parties are preparing the necessary documents and then a date will be set for the appeal to be argued.

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, there were several other actions involving the College that were brought or remain active in 2019:

1	An individual sued the College and a physician. The action against the College alleged that the College was liable for the actions of the physician and that the College failed to appropriately investigate her complaint against the physician. The action was dismissed by the Court of Queen's Bench in 2019. The individual filed an appeal with the Court of Appeal, but subsequently withdrew her appeal. The matter is now concluded.
2	The plaintiffs in a proposed class action arising from allegations that Aboriginal women were sterilized without informed consent have brought an application seeking (among other things) to have the College added as a defendant and certification of the class. The application was heard in 2019. In 2020 the court rejected the application to have the College included as a defendant in the class action.
3	An individual filed an Originating Application naming one of the CPSS Regulatory Services Coordinators. The matter relates to a community treatment order. College legal counsel attended a hearing in December 2019 seeking to have the application struck. There has been no decision at the date of this report.
4	An individual sued the College, a physician and the Ministry of Health. She had previously complained to the College about the physician and was unhappy with the outcome of the complaint and her appeal to the Council. The plaintiff subsequently discontinued her claim against the College. The matter is now concluded.

Prescription Review Program (PRP)

The Prescription Review Program (PRP) is an educationally based program administered by the College of Physicians and Surgeons of Saskatchewan (CPSS) on behalf of the Ministry of Health. It monitors for potentially inappropriate prescribing of a panel of prescription drugs with potential for misuse, abuse and diversion. The Panel of Monitored Medications is listed in the CPSS Regulatory Bylaw 18.1.

Prescription Monitoring

The Prescription Review Program (PRP) staff enquires about possible inappropriate prescribing, most commonly by letter. Depending on the situation, PRP staff may contact the physician by phone. Physicians may be required to provide explanations for their prescribing rationale. After reviewing a physician’s reply, the PRP staff may provide recommendations regarding best practices to improve patient outcomes. The PRP also provides supportive and/or educational information applicable to the physician’s prescribing practices.

Letter Type	Count
Explain (1st contact) – letters sent to physicians to obtain their rationale for prescribing	336
Explain (2nd Request) – sent if an Explain/Alert required response is not received within 14 days	61
Explain (3rd Request) – signed by Deputy Registrar sent if a response is not received within 7 days of the 2nd Request	17
Response/Recommendations – letters sent in reply to a physician’s Explain letter response. These often contain recommendations and recommended resources.	303
Alert – letters sent to physicians to alert them of potential diversion, or other patient concerns – typically does not require a response	59
Law Enforcement Requests - when a patient’s medication profile is provided to law enforcement for an active investigation	75
Multi-Doctor* - letters sent to physicians where it has been identified a patient has received 3 or more similar prescriptions (generic v. brand) from 3 or more prescribers at 3 or more locations (using the physician-clinic algorithm in MSB) in a 30-day period. Each multi-doctor letter is reviewed by a pharmacist before being sent.	48

**The definition and criteria for Multi-doctor letters was substantially revised in early 2019 and the letters were re-initiated in August 2019 after lapsing in 2018.*

Educational Outreach & Collaboration

The PRP team continues to collaborate with organizations across the province to support various efforts related to the opioid crisis. PRP pharmacists provide education by presenting to groups, participating in taskforces and providing expertise to working groups.

The PRP began tracking phone calls and general requests in June 2019. Between June 4, 2019 and December 31, 2019, staff tracked 448 conversations related to the program.

Amendment to the Panel of Monitored Drugs

A proposal for adding twelve (12) prescribed drugs to bylaw 18.1 was submitted in response to the Provincial Auditor’s recommendation to include all opioids listed in the federal Controlled Drugs and Substances Act. The additional medications were identified as demonstrating concerning trends for misuse in Saskatchewan by the PRP clinical staff, addiction specialists and program stakeholders and partners (Ministry of Health, College of Physicians and Surgeons of Saskatchewan, Saskatchewan College of Pharmacy Professionals, College of Dental Surgeons of Saskatchewan, Saskatchewan Registered Nurses Association, Saskatchewan Medical Association and Pharmacy Association of Saskatchewan). Consultation with the stakeholders occurred in the fall of 2019 in expectation of a bylaw approval in 2020

Opioid Agonist Therapy Program

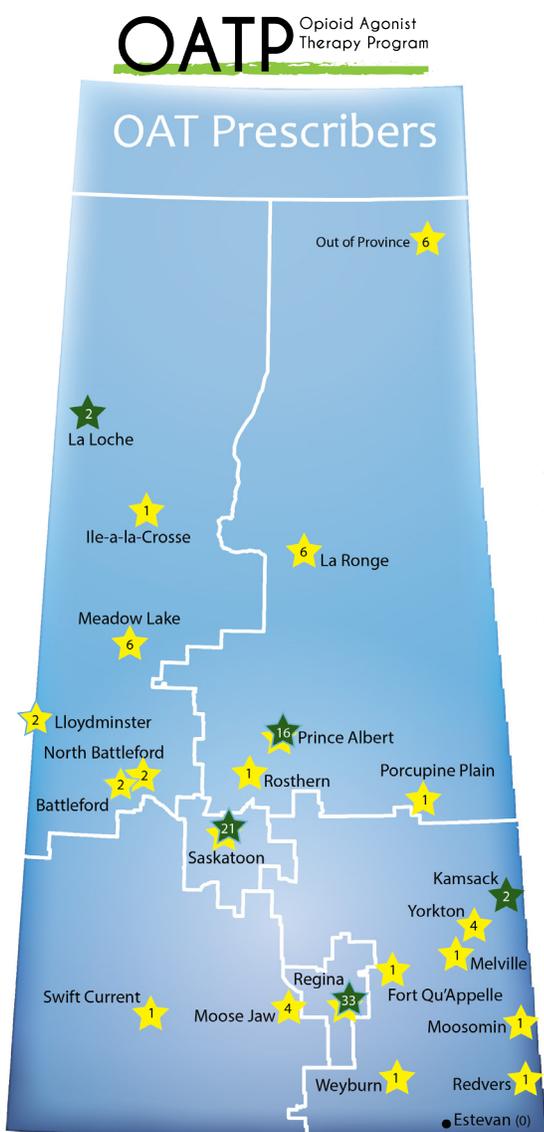
The CPSS has received funding from the Community Care Branch of the Ministry of Health since 2001 to administer the Opioid Agonist Therapy Program (OATP). The Prescription Review Program (PRP) staff supports the activities of the OATP, and the OATP Medical Manager provides clinical expertise to the program. The OAT providers captured in this report are physicians. Nurse practitioners and pharmacists have also been given prescribing authority and are governed by their respective licensing bodies.

OATP activities can be categorized into four key areas:

1. education and guidance
2. monitoring
3. standard and guideline implementation
4. external relations

In 2019, the OATP received funding from the Federal Emergency Treatment Fund through the Community Care Branch to support opioid agonist therapy education and training. In 2019, funding supported the printing costs for a revised OAT Handbook for patients and the design and printing costs for two handouts developed by CADTH for patients.

The OATP began tracking phone calls and general requests in June 2019. Between June 4, 2019 and December 31, 2019 staff tracked 217 conversations related to the program.



Saskatchewan OAT Prescribers

As of December 31, 2019, 112 physicians were approved to prescribe methadone and/or buprenorphine/naloxone for opioid use disorder. Providers can either initiate or maintain either/or both drugs.

The report below captures physicians only. Nurse Practitioners and pharmacists have also been given prescribing authority.

Prescribing Authorization

Type of Provider	Methadone only	Buprenorphine/Naloxone only	Both drugs
Initiating only	14	11*	77
Maintaining only	5*	3	1

* In addition, 1 provider is approved to both *maintain* methadone and *initiate* buprenorphine/naloxone.

Distribution by Location

City	# of providers
Battleford	2
Fort Qu'Appelle	1
Ile a la Crosse	1
Kamsack	2
La Loche	2
La Ronge	6
Lloydminster	2
Meadow Lake	3
Melville	1
Moose Jaw	3
Moosomin	1
North Battleford	2
Porcupine Plain	1
Prince Albert	16
Redvers	1
Regina	33
Rosthern	2
Saskatoon	21
Swift Current	1
Weyburn	1
Yorkton	4
Fort Qu'Appelle	1
Out of Province	6
Total	112

Saskatchewan Residents Receiving OAT



Saskatchewan residents receiving **methadone for opioid use disorder** in 2019.

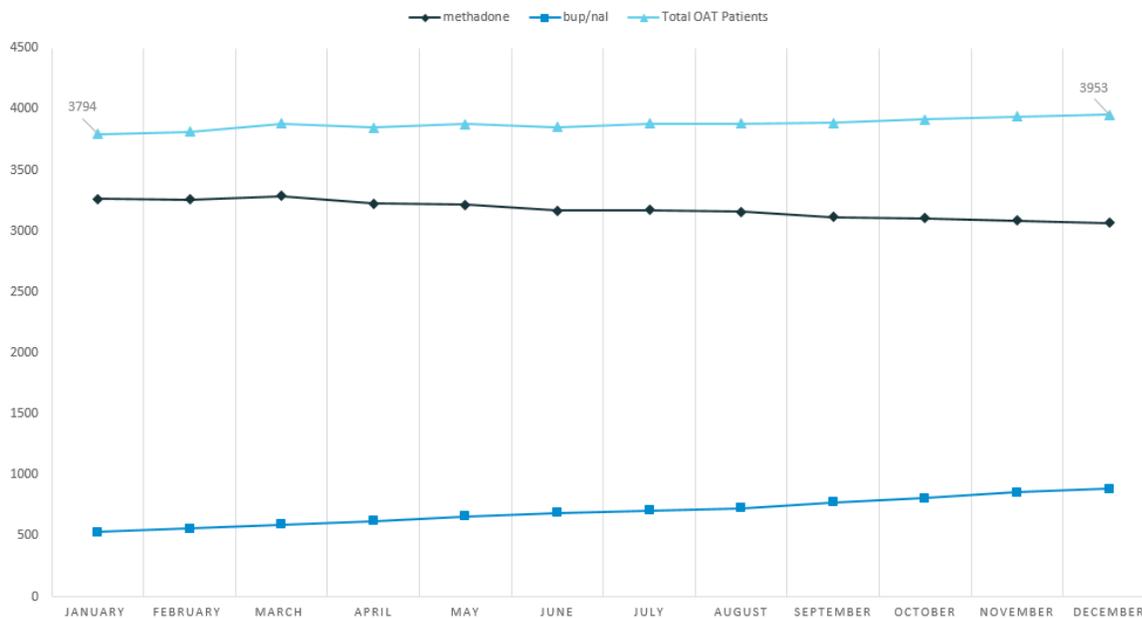
Note: Total # of patients receiving methadone includes Addiction and Non-Insured Health Benefits (NIHB) only

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average/ month
NIHB ¹	1576	1624	1669	1515	1728	1648	1602	1665	1638	1642	1591	1587	1624
Methadone (A) / Methadose ²	1955	1949	2051	1896	2103	2079	2054	2050	1989	2043	2004	1947	2010
Total # patients per month	3531	3573	3720	3411	3831	3727	3656	3715	3627	3685	3595	3534	3634

1. Patients captured in this category are NIHB beneficiaries and are receiving methadone for opioid use disorder.
2. Patients captured in this category are Saskatchewan Health beneficiaries and are receiving methadone and/or methadose for opioid use disorder.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average/ month
Buprenorphine/ naloxone	736	751	808	612	722	756	789	831	889	945	1008	1022	822

2019 Opioid Agonist Therapy Patient Count



Laboratory Quality Assurance

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

Laboratory Accreditation

The purpose of accreditation and the Accreditation Guide can be found on the College website at https://www.cps.sk.ca/imis/CPSS/Programs_and_Services/Laboratory_Quality_Assurance.

As of the end of 2019 all laboratories have been assessed once using the new WCDAA standards.

24 medical laboratory assessments were completed in 2019.

External Quality Assessment (EQA)

Used to evaluate laboratory testing accuracy, EQA is shipped from the provider directly to the laboratory on a rotational basis. Testing is performed in the same manner as a patient specimen. Results are evaluated by the External Quality Assessment Consultant and it is determined whether follow up is required.

EQA providers, LQAP guidelines for sending a deficiency and a blank deficiency form can be found on the College website at <https://bit.ly/2M16DjS>.

LQA follow-up survey comments:

“Overall I thought the day was a great success. Thanks to all involved for your great work.”

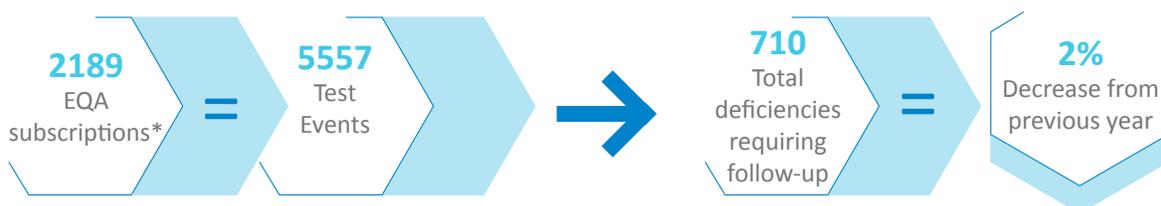
“Assessment team was very approachable and explained the process well.”

“Fantastic learning opportunity.”

“Was very nervous but the team was great and very helpful.”

“Love the new standards.”

- Survey comments from actual clients following Laboratory Assessments



* An EQA subscription is a series of EQA samples at predetermined intervals throughout the year.

Program Management and Laboratory Quality Assurance Committee Members

The following individuals make up the five discipline- specific Laboratory Quality Assurance and Program Management Committees. Roles of the committees can be found at <https://bit.ly/2KuPH6S>

Dr. Mary Kinloch
 Dr. Jill Wooff
 Dr. Bruce Murray
 Ms. Rhonda Hartz
 Ms. Shelley Frombach
 Dr. Jeff Eichhorst
 Dr. Josh Buse
 Dr. Fang Wu
 Mr. Lawrence Martens
 Ms. Tammy Mason
 Ms. Kaitlin Fendelet
 Dr. Rommell Seno
 Ms. Leeann Clarke
 Ms. Cheryl Bear
 Ms. Ruth Norelius

Ms. Carolyn Sieben
 Dr. Ian Etches
 Ms. Kim Thomson
 Ms. Dena Arnott
 Ms. Edith Hein
 Ms. Ashley McLean
 Dr. Camille Hamula
 Dr. Jessica Minion
 Dr. Kathy Malejczyk
 Ms. Shirley Leung
 Ms. Brandi Keller
 Ms. Lisa Forsberg
 Ms. Paula Dupont
 Ms. Kim Deydey
 Mr. David Guerrero
 Ms. Denise Grad

Diagnostic Imaging Quality Assurance Program

The Diagnostic Imaging Quality Assurance (DIQA) Program was established to provide a quality assurance program for medical imaging in Saskatchewan.

An overview of the program and contact information can be found on the CPSS website at <https://bit.ly/2TGpUvj>.

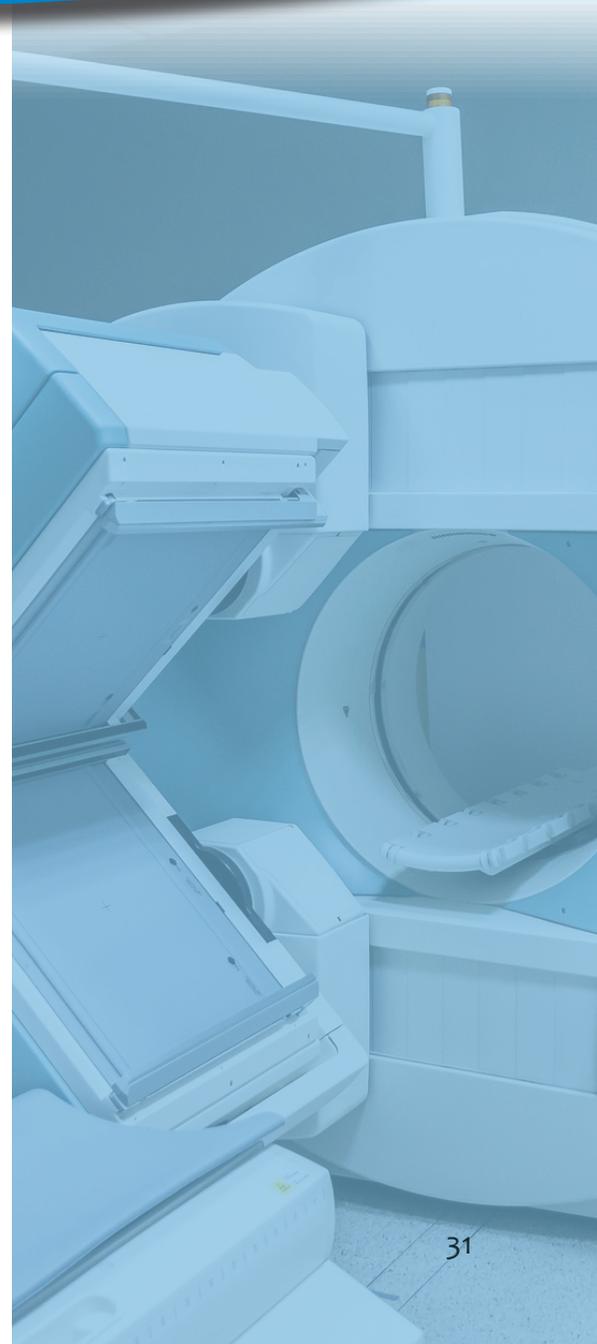
Advisory Committee on Medical Imaging

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

Assessing Compliance

In order to assess compliance with standards, ACMI has established a process by which to review imaging physicians selected on a random basis. For more information, see https://www.cps.sk.ca/imis/CPSS/Programs_and_Services/Diagnostic_Imaging_Quality_Assurance_Program.

22 physician audits were completed in 2019.



Non-Hospital Treatment Facilities

Approvals

There are currently 13 facilities functioning as Non-Hospital Treatment Facilities:

Saskatoon – 8
 Regina – 4
 Lloydminster – 1

All facilities achieved full approval from the College, however one Regina facility chose to suspend their services in November, 2019.

Approved procedures in these facilities cover a diverse range of procedures within the public and private health care systems.

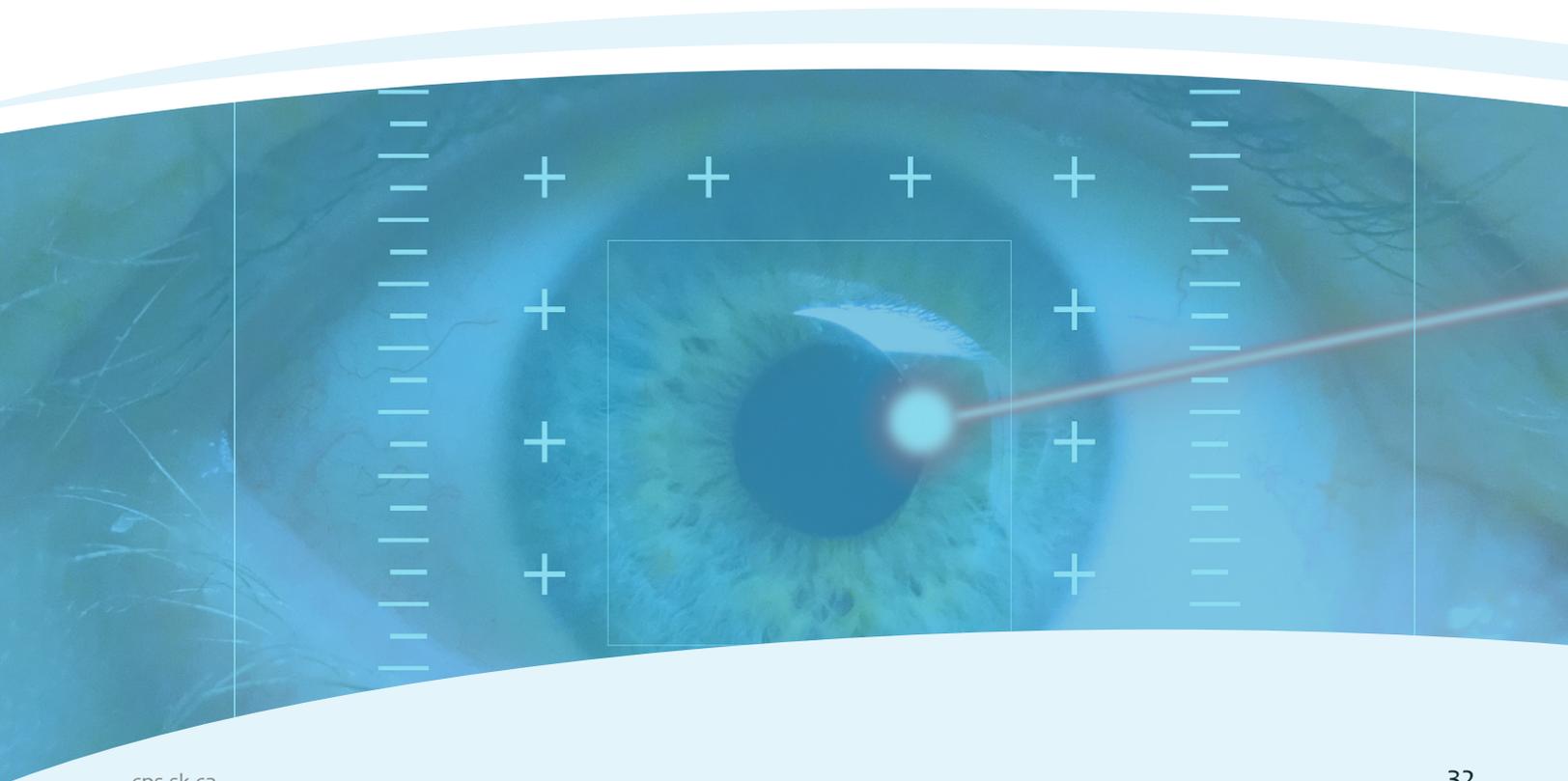
Activities for 2019

The CPSS has adopted with a few variations the College of Physicians and Surgeons of Alberta (CPSA) Standards and Guidelines for its own use. Last year we reported that the CPSA were reviewing their standards and that work remains ongoing.

Ontario hosted the National Non-Hospital Treatment Facility meeting in the Fall of 2019.

Inspections

The College's inspection team is headed by a Nurse Coordinator (Team Leader) along with two physicians.





COLLABORATION & OUTREACH

Our Collaborators

The Council and College staff collaborate with the following organizations on a wide array of committees, strategies and initiatives.

International

- International Association of Medical Regulatory Authorities (IAMRA)
- Federation of State Medical Boards (FSMB)
- Administrators in Medicine (AIM)
- International Society for Quality in Healthcare (ISQua)

National

- Federation of Medical Regulatory Authorities of Canada (FMRAC)
- Medical Council of Canada (MCC)
- Association of Faculties of Medicine of Canada (AFMC)
- Canadian Medical Forum (CMF)
- Royal College of Physicians and Surgeons of Canada
- National Board of Medical Examiners (NBME)
- Achievement Review (PAR)
- Application for Medical Registration Advisory Committee (AMR)
- Canadian Bar Association (CBA)
- 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 on Substance Abuse and Addiction
- Western Registrars (WR)
- Inter-Provincial Labour Mobility Initiative (ILMI)
- Foreign Credential Recognition Program (FCRP)
- College of Physician & Surgeons of British Columbia – Prescription Monitoring Program
- College of Physician & Surgeons of Alberta – Triplicate Prescription Program

Provincial

- Saskatchewan Ministry of Health
- Saskatchewan Health Authority
- Network of Interprofessional Regulatory Organizations (NIRO)
- College of Family Physicians of Canada - Saskatchewan chapter
- Saskatchewan Medical Association - Representative Assembly (SMA-RA)
- Saskatchewan Registered Nurses Association
- 3S Health Initiative
- Saskatchewan International Physician Practice Assessment (SIPPA) Working Group
- SIPPA Advisory Committee
- College of Medicine (U of S)
- 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)
- *Réseau de santé en français de la Saskatchewan* (RSFS) - Project INTAC
- Saskatchewan College of Pharmacy Professionals
- Pharmacy Association of Saskatchewan
- Medavie Health Services
- College of Dental Surgeons of Saskatchewan
- Provincial RCMP
- Saskatchewan Coroners Service
- Roy Romanow Provincial Laboratory
- Ministry of Corrections and Policing

Local

- Saskatoon Regional Medical Association (SRMA)
- First Nations and Métis Health Services
- Eagle Moon Health Office
- Saskatoon City Police
- Saskatoon Fire and Emergency Services

Outreach & Educational Presentations

College Staff have also been involved in a number of presentations to educate medical professionals and the public, including to Undergraduate Students (Medical Students and Clerks), Postgraduate Students, International Medical Graduates (IMG), and External Partners and Collaborators.



Committees

Council-Appointed Committees

Advisory Committee on Medical Imaging (ACMI)

Dr. Don McIntosh (Chair)
Dr. Ian Waddell (Co-Chair)
Dr. Holly Wells
Dr. Chong-Ha Lim
Dr. Greg Kraushaar
Dr. Dakshina Murthy
Ms. Maureen Kral
Ms. Bev Kellington
Mr. Brent Preston
Mr. David Guerrero
Mr. Dave Morhart
Mr. Patrick Au
Ms. Sarah Mitten
Dr. Abdulaziz Almgrahi
(ad hoc member)

AGM Committee

Dr. Pierre Hanekom (Chair)
Mr. Bill Hannah
Dr. B. Brownbridge

Expert Advisory Committee on Blood-Borne Communicable Diseases

Dr. Tania Diener
Dr. Stephen Helliar
Dr. Kurt Williams
Dr. L. Lawrence Worobetz

Committee on Family Practitioner Interpretation of Electrocardiograms

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

Compensation and Benefits Committee

Mr. Ken Smith (Chair)
Dr. Grant Stoneham
Dr. Alan Beggs

Discipline Committee

Dr. Lalita Malhotra
Dr. Stewart McMillan
Dr. Annette Epp
Dr. Lorne Rabuka
Dr. Carol Norman
Dr. David Johnston
Dr. Chris Ekong
Dr. James Stempien
Dr. Oluremi Adefolarin
Dr. Louise Coertze
Dr. Ivelin Radevski
Dr. Chris Almond

Dr. Dimitri Louvish
Dr. Dorie-Anna Dueck
Ms. Alma Wiebe (lawyer)
Mr. Dan Shapiro (lawyer)
Mr. Walter Matkowski (lawyer)
Dr. Mark Fowler
Mr. Rob Gibbings (lawyer)
Mr. Bruce Gibson (lawyer)

Finance Committee

Dr. Mark Sheridan (Chair)
Dr. Pierre Hanekom
Dr. Edward Nykiforuk
Dr. Suresh Kasset
Dr. Grant Stoneham
Mr. Ken Smith
Mr. Lionel Chabot

Health Facilities

Credentialing Committee

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

Nominating Committee

Dr. Mark Chapelski (Chair)
Dr. N. Prasad Bhathala Venkata
Dr. Pierre Hanekom

Legislative Review Committee

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

Quality of Care Advisory Committee

Dr. Johann Kriegler (Chair)
Ms. Sandi Lougheed (Jan-Feb)
Mr. Don Ebert
Dr. Joshka Nel
Ms. Jill Beatty
Dr. Jonathan Hey
Mr. Bradley Senger (Mar +)

Practice Enhancement Program

Dr. Brian Laursen (Co-Chair)
Dr. George Carson (Co-Chair)
Dr. Karen Holfeld
Dr. Yellepeddy Nataraj
Dr. A. Muller
Dr. I. Radevski

AD HOC COMMITTEES

DocTalk Publication Advisory Committee

Dr. Brian Brownbridge
Dr. Werner Oberholzer
Ms. Caro Gareau
Ms. Joanna Alexander
Ms. Leslie Frey (April +)
Ms. Alyssa Van Der Woude
(January-March)

Registration Committee

Dr. Grant Stoneham (Chair)
Dr. Adegboyega Adewumi
Dr. N. Prasad Bhathala Venkata
Dr. Mark Chapelski
Dr. Anurag Saxena
Dr. Edward Tsoi

Truth and Reconciliation Committee

Mr. Burton O'Soup (Chair)
Dr. Preston Smith/Dr. Jim Barton
Dr. Karen Shaw
Mr. Ken Smith
Ms. Caro Gareau
Ms. Tania Lafontaine (May +)
Ms. Janna Ethier

University of Saskatchewan Senate

Council appointed me as its representative on the U of S Senate. Much of what I have seen is encouraging, avoidance of deficits, increasing enrollments and most importantly, self-declared Indigenous enrollment that is roughly equal to the Indigenous proportion of the provincial population.

As well as being the College's representative on the U of S Senate, I also serve on the Senate's Executive Committee and have been appointed Chair of a committee of members of the Board of Governors, University Council and Senate, looking at Conflicts of Interest policies at the University. I also was a member of a Search committee for a Dean of Graduate Studies.

My perspective is that the university is managed as well as any collegial institution, aiming constantly to achieve high standards and delivering impressive results in education and research.

Report from
Mr. Marcel de la Gorgendiere,
CPSS representative to the committee

Saskatchewan Prevention Institute

Dr. Mahli Brindamour (MD, FRCPC, General Paediatrician, University of Saskatchewan) has been serving on the Saskatchewan Prevention Institute board since February 2019, representing the University of Saskatchewan's College of Medicine as well as the College of Physicians and Surgeons of Saskatchewan. Her term will end in 2021. She supports the activities of the board while participating to the annual general meetings and quarterly meetings. In addition, Dr. Brindamour has participated in the Prevention Matters 2019 Conference as part of a panel on food insecurity.



REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY CONSOLIDATED FINANCIAL STATEMENTS

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

Opinion

The summary consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan (the Entity), which comprise:

- the summary consolidated statement of financial position as at December 31, 2019
- the summary consolidated statement of revenue and expenses for the year then ended
- the summary consolidated statement of surplus for the year then ended
- the summary consolidated statement of cash flows for the year then ended
- and related notes

are derived from the audited consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan as at and for the year ended December 31, 2019 (the “audited financial statements”).

In our opinion, the accompanying summary consolidated financial statements, are consistent in all material respects, with the audited consolidated financial statements, in accordance with the criteria discussed in Note 1 in the summary consolidated financial statements.

Summary Financial Statements

The summary consolidated financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary consolidated financial statements and the auditors’ report thereon, therefore, is not a substitute for reading the Entity’s audited consolidated financial statements and the auditor’s report thereon.

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

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified opinion on the audited consolidated financial statements in our report dated June 19, 2020.

Management’s Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with the criteria discussed in Note 1 in the summary consolidated financial statements.

Auditors’ Responsibilities

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



Chartered Professional Accountants

Saskatoon, Canada
June 19, 2020

Summary Consolidated Statement of Financial Position

December 31, 2019, with comparative information for 2018

	2019	2018
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 4,115,829	\$ 4,701,353
Short-term investments	6,703,038	5,192,957
Marketable securities	1,590,503	1,351,184
Accounts receivable	117,068	481,543
Prepaid expenses and deposits	200,548	128,825
Advances to First Nations and Inuit Health Branch Program	134,436	127,284
	12,861,422	11,983,146
Property and equipment	4,782,555	4,876,037
	\$ 17,643,977	\$ 16,859,183
LIABILITIES AND SURPLUS		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 614,773	\$ 528,590
Deferred revenue	5,284,279	4,904,267
Due to Saskatchewan Prescription Review Program	74,631	52,170
	5,973,683	5,485,027
Employee future benefits	976,831	975,720
Surplus	10,693,463	10,398,436
	\$ 17,643,977	\$ 16,859,183

Summary Consolidated Statement of Revenue and Expenses

Year ended December 31, 2019, with comparative information for 2018	Budget (unaudited)	2019	2018
REVENUE:			
Annual fees	\$ 5,196,250	\$ 5,247,592	\$ 5,105,045
Laboratory Quality Assurance	436,041	451,540	527,673
Professional incorporation fees	327,000	328,300	323,600
Investment income	80,000	220,732	141,955
Diagnostic Imaging Quality Assurance	169,555	167,057	177,055
Credentials assessment	212,600	165,100	186,175
Discipline committee assessed costs recovery	-	149,849	79,405
Registration fees	130,500	120,200	119,480
Notary fees and certificates	85,000	99,140	95,730
Opioid Agonist Therapy Program	-	93,830	54,530
Student registration	73,000	90,300	85,805
Temporary licenses	110,000	88,165	108,806
Saskatchewan International Physician Practice Assessment funding from the Ministry of Health	75,000	56,250	75,000
Summative assessment	130,000	55,631	103,740
Non-hospital surgical facility fees	90,000	51,394	98,663
Mailing list	25,000	24,250	25,740
Sundry	2,000	1,149	791
	7,141,946	7,410,479	7,309,143
EXPENSES:			
Administrative	\$ 5,342,900	\$ 5,275,903	\$ 4,682,736
Committee	308,000	380,439	248,703
Council and meetings	362,750	421,221	293,786
Laboratory Quality Assurance	436,041	396,603	472,799
Office	383,200	370,758	363,314
Diagnostic Imaging Quality Assurance	169,555	154,318	153,281
Practice Enhancement Program	75,000	105,000	75,000
Opioid Agonist Therapy Program	-	93,830	54,530
Non-hospital surgical facility	40,000	56,808	38,179
Prescription Review Program	18,000	18,000	12,000
Medical Benevolent Society	-	6,970	-
Grants to external agencies	4,000	3,000	3,000
Communications and education	2,500	1,356	863
Liaison with joint committees	-	573	138
	7,141,946	7,284,779	6,398,329
Excess of revenue over expenses before the undernoted	-	125,700	910,814
Fair value adjustment on investments	-	168,442	(137,424)
Gain on disposal of property and equipment	-	885	-
Excess of revenue over expenses	\$ -	\$ 295,027	\$ 773,390

Summary Consolidated Statement of Surplus

Year ended December 31, 2019, with comparative information for 2018

	Invested in property and equipment	Unrestricted	2019	2018
Balance, beginning of year	\$ 4,876,037	\$ 5,522,399	\$ 10,398,436	\$ 9,625,046
Excess (deficiency) of revenue over expenses	(269,548)	564,575	295,027	773,390
Purchase of property and equipment	176,066	(176,066)	-	-
Balance, end of year	\$ 4,782,555	\$ 5,910,908	\$ 10,693,463	\$ 10,398,436

Summary Consolidated Statement of Cash Flows

Year ended December 31, 2019, with comparative information for 2018

	2019	2018
Cash flows from (used in):		
Operations:		
Excess of revenue over expenses	\$ 295,027	\$ 773,390
Items not involving cash:		
Amortization	269,548	264,375
Fair value adjustments on investments	(168,442)	137,424
Employee future benefits	1,111	15,800
Reinvested investment income on marketable securities	(70,877)	(52,808)
	326,367	1,138,181
Change in non-cash operating working capital:		
Accounts receivable	364,475	(436,513)
Prepaid expenses and deposits	(71,723)	(79,292)
Accounts payable and accrued liabilities	79,553	60,903
Deferred revenue	380,012	174,546
	1,078,684	857,825
Financing:		
Advances to First Nations and Inuit Health Branch	(7,152)	(45,236)
Due to Saskatchewan Prescription Review Program	29,091	(13,216)
	21,939	(58,452)
Investing:		
Purchase of property and equipment	(176,066)	(83,858)
Increase in short-term investments	(1,510,081)	(4,049,858)
	(1,686,147)	(4,133,716)
Increase (decrease) in cash and cash equivalents	(585,524)	(3,334,343)
Cash and cash equivalents, beginning of year	4,701,353	\$ 8,035,696
Cash and cash equivalents, end of year	\$ 4,115,829	\$ 4,701,353

Notes to Summary Consolidated Financial Statements

Year ended December 31, 2019

1. Summary Consolidated Financial Statements

The summary consolidated financial statements are derived from the completed audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2019 and December 31, 2018 and for the years then ended.

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

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

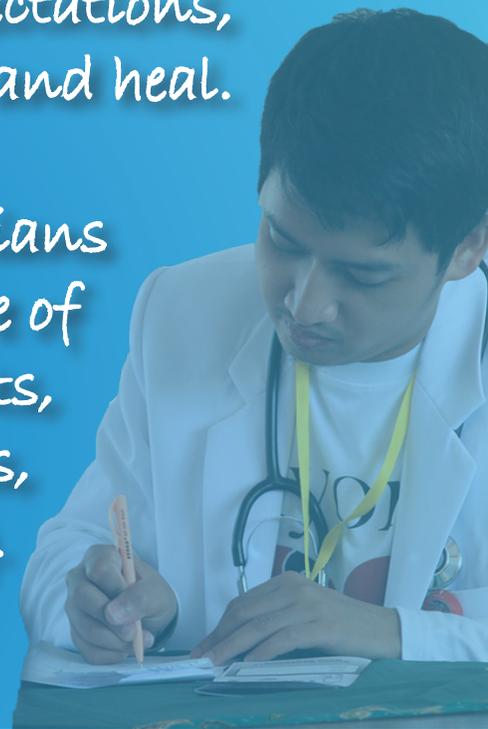
- a) whether information in the summary consolidated financial statements is in agreement with the related information in the completed consolidated audited financial statements; and
- b) whether, in all material respects, the summary consolidated financial statements contains the information necessary 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 beckie.wills@cps.sk.ca. The document is also available on the College of Physicians and Surgeons of Saskatchewan website at www.cps.sk.ca.

Becoming a doctor doesn't happen overnight.

It requires years of rigorous schooling,
continuous professional learning,
conforming to high ethical expectations,
and an ability to listen, care and heal.

Thank you to our physicians
who take care of
our Saskatchewan patients,
their families and communities,
each and every day.



College of Physicians and Surgeons of Saskatchewan

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

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Saskatoon, SK S7L 6M6

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Information: communications@cps.sk.ca

