



## DocTalk 2021 - Volume 8 Issue 3

October 2021

# TABLE OF CONTENTS

### FROM THE PRESIDENT AND REGISTRAR

- *From the President: Securing the Future of Medical Practice: A Call to Challenge Resident/Student Learners* ..... 3
- *From the Registrar: Caring People Changing the Impact of COVID-19* ..... 6

### COUNCIL NEWS

- Council News ..... 8

### LEGALLY SPEAKING

- Changes to Regulatory Bylaws ..... 10
- Policy, Standard and Guideline Updates ..... 12
- College Disciplinary Actions ..... 15

### ADDRESSING QUALITY OF CARE

- Treating Family Members? You might want to think twice... ..... 17

### REGISTRATION TIMES

- Welcome to Renewal 2021 ..... 19
- Wondering what to do about renewal if you are not planning to practice next year ..... 17
- Congratulations, you passed! Now what? ..... 17
- What's the Scoop with Supervision? ..... 18
- Have you moved recently? ..... 19

### PRACTICE UPDATE

- Performance of Breast Ultrasound in Saskatchewan ..... 22
- Practice Tools ..... 24

## PHYSICIAN HEALTH

- CMA-Scotiabank Physician Wellness Initiative Agreement ..... 24

## SASKATCHEWAN PHYSICIAN LEADERS

- Kendel Award Nominations ..... 25
- Senior Life Designation ..... 26

### DocTalk Volume 8, Issue 3

© 2021- College of Physicians and Surgeons of Saskatchewan

**cps.sk.ca**

#### EDITORIAL ADVISORY COMMITTEE

Dr. Brian Brownbridge  
Joanna Alexander (Public)  
Dr. Franklin Igbekoyi (Ad hoc)  
Dr. Karen Shaw (Ad hoc)  
Dr. Werner Oberholzer  
Caro Gareau  
Alyssa Van Der Woude

**Do you have an idea for the next issue?** [Email us!](mailto:info@cps.sk.ca)

#### EDITOR

Caro Gareau

#### REVISION

Caro Gareau  
Dr. Werner Oberholzer  
Sheila Torrance  
Dr. Brian Brownbridge  
Joanna Alexander  
Alyssa Van Der Woude  
Bryan Salte

#### PHOTO CREDITS

Stock photo,  
as indicated,  
CPSS photos  
or public domain.



# From the President & Registrar

DocTalk 2021 - Volume 8 Issue 3

Message from the President of Council



October 2021

By: Dr. Olawale Franklin Igbekoyi, CPSS Council President

## Securing the Future of Medical Practice A Call to Challenge Resident/Student Learners

The future of medical practice is in the hands of our resident and student learners. That future starts now, and whatever it will be will depend mainly on the attitude, skills, innovation, and resilience of today's residents, students, and physicians undergoing assessment for licensure in Saskatchewan. They are the ones who must use this opportunity and rare privilege of learning appropriately to ensure and secure a bright future for the profession of medicine. Future medical practitioners must provide the best quality care, and maintain high ethical standards, professionalism, and leadership. The future physician must also demonstrate leadership in the health care sector and work collaboratively with other healthcare providers.

Part of the role of the CPSS as a regulatory body is to impart to learners the understanding that **our profession is built on very high ethical standards**. Failure to maintain a high standard of professionalism will jeopardize our professional honour and integrity. As physicians and physicians-in-training, we must uphold the ethics of the profession in all our interactions. Students must also uphold the value of humility, respect, truthfulness, confidentiality, autonomy, and care. Hard work takes one to a greater height of success, but character helps one to remain there.

**Innovation** is essential for the advancement of healthcare and our profession's ability to meet the future needs of patients. Think outside the box, be creative and develop

improvement to the status quo. For there to be improvement, change must occur. Learners in our field are challenged to explore their creative potential and develop advancements in artificial intelligence in medicine, immunology, and vaccine production, curing of cancers, robotic surgery and rehabilitation medicine. Discoveries in these fields could be used to improve our current quality of care and provide solutions to some problems that are currently impossible to resolve. In our role as physician leaders, we believe in student learners and residents and their capability to achieve excellent results. Publishing research findings is also essential to share the knowledge with others. We encourage our learners to be involved in research and publish their findings in academic journals.

Student learners who develop sound **financial decision-making prowess** and understand **accountability** are better equipped to lead the future. As future medical organisation leaders, medical practice managers, even future members of the CPSS Council, they must know how to manage the resources committed into their hands and be good stewards of these resources. Learn today to make prudent financial decisions, manage resources well, and not waste financial resources. Set the stage now for a sound financial future through wise use of loans, taking advantage of sound financial advice and living within your means.

*“Study hard, aim high, think outside the box, challenge the status quo, and do not give up.”*

To the residents, students and other learners licensed by the CPSS: **study hard** to pass the requisite examinations as this is essential to secure your future. Working together as a team of students, reviewing the topics through discussion groups will help secure success in the exams. There are lots of resources within the library and online that will help you prepare for those exams. Students should take advantage of the numerous learning opportunities available, prepare well, and they will surely succeed.

**Residents and student learners must not give up in the face of failure; however, instead utilize the lessons learned at the failure to improve the chance of success in the future.** We have all experienced this at some time in our studies. Those who have

failed any examination should not ever be discouraged because "Failure is not final, and success is never-ending" (Robert Schuller).

Alcohol use disorder and other mental health conditions are disabling factors that could impede learning abilities and prevent progress. The College of Medicine and the Saskatchewan Medical Association (SMA) have systems in place to support student learners. They should utilize the support systems provided by the institution and overcome these stressors. We work closely with the Saskatchewan [Physician Health Program](#) (PHP) to support and help with any addiction, substance use disorder or mental or physical health conditions that might be impairing your ability to be successful at your studies. The Saskatchewan Physician Health Program is a confidential service to support students, residents, practising physicians and their families and to help them through their difficulties. Please do not suffer alone. Be compassionate, kind and supportive of each other, and encourage those who are struggling with any form of stress or health issues to seek help. I encourage you to read Brenda Senger's column on [Physician Health](#) in each issue of DocTalk to learn about the latest support offered.

Our students, residents and other learners in medicine are our future. They are future Chief Executive Officers of our health care systems, future Ministers of Health or Chief Medical Officers, future physician leaders and great health care improvement agents. So go and achieve excellence for the next generation and aim higher than the sky because the sky is not the limit.

And **to all practising physicians licensed with the CPSS, we encourage you to become [mentors and assessors](#)** and to provide what support you can to our new generation of trainees in their journey to become your colleagues.



*Dr. Olawale Franklin Igbekoyi is President (2021) of the Council of the College of Physicians and Surgeons of Saskatchewan and a Family Physician practicing in Rosetown.*

## Message from the Registrar



October 2021

By: Dr. Karen Shaw, CPSS Registrar & CEO

## Caring People Changing the Impact of COVID-19

*It is an understatement to say that COVID-19 has affected us. COVID-19 has disrupted every thread of the fabric of our lives, both personally and professionally in how we live, work, play and literally breathe.*

During a recent interview about COVID-19, I was asked whether there was anything of which I was proud. I had no hesitation in stating *I am very proud of the way our physicians have stepped up to work with other professionals and put their lives on the line and support the care needs of our patients, whether they are related to COVID-19 or other health-related concerns.*

Despite the fact that at times you may feel fearful, overwhelmed, or fatigued to the core, you continue to serve the public and your patients. However, despite many physicians' best attempts at remaining resilient, what has transpired over the successive waves, especially during this 4th wave, has threatened the core of that resilience. We were stretched before COVID-19. *Please ensure you take care of yourself and your families and watch out for your colleagues.*

Many physicians have voiced their concerns that they feel unsupported, disrespected or frankly ignored by the "system". We are all part of that "system", and while we may be disappointed at what is occurring or not occurring during this fourth wave, we must remain calm and focused on what we do best as physicians. Exercise every opportunity to provide the best care you can despite the challenging circumstances and continue to educate the uninformed or misinformed on the value of masking, physical distancing, limiting group sizes and the importance of vaccinations. These measures have all proven their worth. Your professional relationship with your patients affords you the best chance to relay important scientific information in a non-judgemental way; that will assist them to make informed decisions to protect themselves, their families and our communities.

We at the College are trying to support you the best we can. We previously reported on all the actions taken to date to provide support to our registrants, the Saskatchewan Health Authority, the Ministry and the College of Medicine, while concurrently fulfilling our mandate to protect the public. The following links outline many of the actions taken.

[Guidance Letters from the Registrar's Office](#)  
[2020 Annual Report](#)  
[DocTalk 2020, Issue 2](#)

It is hard to understand why certain decisions have been taken and others have not. However, it is imperative we are cognizant of our respective roles and continue to support each other by remaining courteous and respectful in all our interactions, despite our frustrations. The end game is the same – blunt the COVID-19 curve by any means possible, avoid unnecessary COVID-19-related deaths, and protect our children and others who are vulnerable and/or unable to be vaccinated.

Physicians have a long history of accepting tough leadership roles when there is a need. There continues to be a need. Thank you again for performing your work under considerable duress, especially in the absence of certain Public Health Orders that many of us feel would continue to be beneficial in our response to COVID-19. I am reminded of the quote attributed to Margaret Mead:

**“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed it is the only thing that ever has.”**

You are one of these “thoughtful, committed citizens” who can effect social change through your passion and expertise. Your efforts in mitigating the impact of COVID-19 in all that you do is much appreciated.

Respectfully,

*Karen Shaw*



*Dr. Karen Shaw has served as Registrar and CEO of the College of Physicians and Surgeons of Saskatchewan since 2011.*



## DocTalk 2021 - Volume 8 Issue 3



October 2021

By Dr. Olawale Igbekoyi, CPSS Council President

*Council last met on the 18th & 19th of June 2021 and on the 17th & 18th of September 2021. The next Council meeting is scheduled for the 19th & 20th of June 2021. Meetings are now all held virtually through Webex.*

*Agendas and Executive Summaries with information about the content of the open portion of Council meetings are available [here](#).*

### **Developing Better Communication with Patients**

In June, Council approved the working group's recommendation to support better communication with patients through a number of initiatives, including the preparation of education pieces for the CPSS website and Facebook page, identifying other organisations with shared mandates to help promote the CPSS, and identifying spaces where the public may gather to provide information about CPSS. The work is under way and will be completed in concert with the concurrent development of a new website and visual identity.

### **Clinical Care Assistance Program for Paediatric Intensive Care Unit**

Council accepted and approved a request for an expansion of the Neonatal Intensive Care Unit Clinical Assistant program to Victoria Hospital in Prince Albert.

### **Mandatory COVID Vaccination**

Council approved a statement in support of mandatory vaccination of all physicians as stipulated by the Ministry of Health and Saskatchewan Health Authority policies.

## OAT Standards and Guidelines

Council elected to maintain the current requirement for the Registrar's approval to prescribe methadone or buprenorphine for the treatment of opioid use disorder after meeting the requirements (i.e., education and direct training)

## Virtual Option for Opioid Agonist Treatment Direct Training

During the pandemic, the CPSS developed and introduced an interactive virtual training option for those interested in training on prescribing Opioid Agonist Therapy. Council approved amendments to the policy [Opioid Agonist Therapy \(OAT\) Prescribing](#) and the [Opioid Agonist Therapy Program Standards and Guidelines](#) to accept an equivalence to direct training, as authorized by the College.



## DocTalk 2021 - Volume 8 Issue 3



### Changes to Regulatory Bylaws

October 2021

The College's [Regulatory Bylaws](#) establish expectations for physicians and for the College. They establish practice standards, establish a [Code of Ethics](#) and [Code of Conduct](#), define certain forms of conduct as unprofessional and establish requirements for licensure.

There were **eight (8)** changes to College regulatory bylaws since the last edition of the Newsletter.

#### **Regulatory Bylaw 35.1**

Given the ongoing pandemic, the College recognized that Royal College examinations might not be available for all specialties in 2021. In order to address the potential billing implications of this situation, the Council amended bylaw 35.1 to allow physicians completing residency in 2021 to bill at specialist rates if an examination in their specialty is not available. As with the previous amendment to address the 2020 cohort, the authorization only extends until there is an examination available in the physician's specialty. If a physician does not take the available examination or fails that examination, they will only be eligible to bill at the non-specialist rate.

#### **Regulatory Bylaw 24.1**

This bylaw was amended together with the updated policy [Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students](#). The primary changes include: 1) Physicians/medical students who perform or may perform / assist or may assist in performing exposure prone procedures (EPPs) must know their status and must comply with a specific testing schedule for

blood-borne viruses; 2) Reporting of seropositive status is only required for physicians/medical students who perform or may perform / assist or may assist in performing EPPs; and 3) Monitoring will be performed on an arm's length basis by the Physician Health Program (PHP) of the Saskatchewan Medical Association rather than by the Registrar's office. While the bylaw and policy are now in force, transition work is still underway; the College will advise when the transition to the new policy/bylaw has been completed.

### **Regulatory Bylaw 18.1**

The Council updated the list of medications that are subject to the Prescription Review Program to include Lemborexant.

### **Regulatory Bylaws 17.1 and 18.1**

The College recognized that there were inconsistencies between bylaws 17.1 and 18.1 and the position taken by the Saskatchewan College of Pharmacy Professionals (SCPP) to authorize pharmacy technicians to receive prescriptions from physicians, and not to authorize pharmacists or pharmacy technicians to receive prescriptions by email message. Bylaws 17.1 and 18.1 were amended to ensure consistency with the requirements of the SCPP. This included amendments to bylaw 17.1 to authorize licensed pharmacy professionals (pharmacists or pharmacy technicians) to receive prescriptions from physicians, and an amendment to bylaw 18.1 to recognize secure electronic prescribing but to remove the ability to send prescriptions by email.

### **Regulatory Bylaw 2.5 and 2.6**

The Council amended the bylaws to address eligibility and conditions of licensure for physicians who achieve eligibility to challenge the Royal College examinations through the Practice Eligibility Route ("PER"). In addition, bylaw 2.6 was amended to authorize the Registrar to temporarily suspend the supervision requirement for a physician who has a provisional licence requiring supervision, but who is temporarily not practising in Saskatchewan.

### **Regulatory Bylaw 2.17**

Recognizing the public interest in allowing the Canadian Armed Forces to deliver appropriate medical care to its personnel and also to respond quickly in an emergency, the Council amended bylaw 2.17 to exempt physicians who are employed by the Canadian Armed Forces, and physicians who are under contract to deliver services on

behalf of the Canadian Armed Forces, from the requirement to be licensed in Saskatchewan. The exemption only applies if the physician has valid licensure in another province or territory of Canada and if the physician has appropriate liability coverage in place.

## Regulatory Bylaw 2.13

Following the approval by the FMRAC Board of Directors of a change in the FMRAC English Language Proficiency model standards, the Council amended bylaw 2.13 to remove the TOEFL and to add the Occupational English Test (OET-medicine) and the Canadian English Language Proficiency Index Program (CELPIP) as acceptable tests to demonstrate English language proficiency.



### Policy, Standard and Guideline Updates

October 2021

*Council regularly reviews the policies, guidelines and standards which are then made available on the College's website.*

*Since the last Newsletter, Council has adopted adopted **two** new policies, amended **four** policies, amended **one** set of standards and guidelines, and completed a sunset review on **one** additional guideline.*

*\*Click on each title in blue below to view the complete version of the policy, standard or guideline.*

## **NEW!** POLICY - Medical Assistance in Dying (MAiD)

### **Patient's Death is NOT Reasonably Foreseeable**

### **Patient's Death is Reasonably Foreseeable**

While these policies had been approved by the Council at its June 2020 meeting, they were to come into effect when the legislation came into effect. Legislation was not passed until March 2021, but it differed from what had been anticipated. As such, these policies were updated to ensure consistency with changes to the MAiD legislation in June 2021. Those legislative amendments included the removal of the criterion requiring that a person's natural death must be reasonably foreseeable, a time-limited exclusion from eligibility for individuals

whose sole underlying medical condition is a mental illness, and a two-track approach to procedural safeguards for practitioners to follow, based on whether or not the individual's natural death is reasonably foreseeable.

The requirements for MAiD for an individual whose death is reasonably foreseeable are largely unchanged from the legislation in effect in 2016. One notable change is a patient's ability to make an advance request that they be provided MAiD if they lose consciousness before MAiD can be administered.

There were significant changes to the MAiD legislation addressing the provision of MAiD to patients whose death is not reasonably foreseeable. Those include: 1) a 90-day waiting period before MAiD can be provided; 2) a requirement that a physician or nurse practitioner with expertise in the condition causing the suffering must provide a written opinion which confirms that the person meets the criteria for MAiD; 3) increased requirements to advise patients of resources that may be available to address their suffering; and 4) that a patient cannot provide an advance directive that MAiD be provided if they lose capacity before MAiD is provided.

Both policies are comprehensive and address the legal requirements and College expectations for physicians dealing with a request for MAiD, both in relation to patients whose death is reasonably foreseeable, and patients whose death is not reasonably foreseeable. The policies include relevant definitions and foundational principles; address conscientious objection and the requirements for access to MAiD in the two tracks (death is or is not reasonably foreseeable); address the assessment of capacity and obtaining informed consent; address various issues arising in the administration of MAiD; and address the use of standard forms and requirements for reporting and data collection.

*MAiD in Saskatchewan is administered by the Saskatchewan Health Authority.*

*Further information about the program is available online at <https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/all-z/medical-assistance-dying/accessing-maid-saskatchewan>.*

*The program can be contacted at [1-833-473-6243](tel:1-833-473-6243).*

## **POLICY – Opioid Agonist Therapy (OATP) Prescribing and STANDARDS AND GUIDELINES - CPSS OAT Standards and Guidelines for the Treatment of Opioid Use Disorder**

The Council approved amendments to permit the equivalent of direct training in order for a physician to be approved to prescribe methadone and/or buprenorphine/naloxone. This permits the continuation of a virtual training option that has been successfully piloted during the pandemic.

## **POLICY – Public Access to Council Documents and Redaction of Sensitive Information Contained Therein**

The Council conducted a sunset review of this policy and approved the policy with two changes: 1) the addition of a reference to Council deciding whether a full charge or synoptic charge should be published on the website when it lays a charge of unprofessional conduct, and 2) a reference to the fact that the policy on [Alternative Dispute Resolution](#) (ADR) sets out what will be published in the event of an ADR.

## **POLICY – Physicians at Risk to Patients**

This policy underwent a sunset review and was approved with the addition of reference to the duties to report contained within the following: 1) paragraph 31 of the [Code of Ethics](#) contained within bylaw 7.1, 2) the policy "[Sexual Boundaries](#)", 3) the policy "[Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students](#)", and 4) [bylaw 24.1 – "Reporting of Blood-borne Viruses"](#).

## **GUIDELINE – Infection Prevention and Control (IPAC) Guidelines for Clinical Office Practice**

This guideline underwent a sunset review and was approved without changes.

## **POLICY – Scope of Practice Change**

This policy underwent a sunset review and a number of amendments were approved. This included an updated format and the addition of a 'scope of this policy' section, additional examples of changes in scope of practice, details with respect to supervision, and a 'resources' section.



### College Disciplinary Actions

---

The College reports discipline matters in the next issue of the Newsletter after the disciplinary action is complete. The College website also contains information on discipline matters that are completed and matters where charges have been laid but have not yet been completed.

There were **eight (8)** discipline matters completed since the last Newsletter report.

#### [Dr. Susan Bell](#)

Dr. Bell admitted to unprofessional conduct for failing to provide reports required by two patients. The penalty order included a reprimand, the requirement to complete two courses on practice management, and the payment of costs in the amount of \$4,464.98.

#### [Dr. Alfred Ernst](#)

Dr. Ernst was charged with 2 separate charges of unbecoming, improper, unprofessional or discreditable conduct contrary to The Medical Profession Act, 1981. The charges alleged improper billing of services to Medical Services Branch. Those 2 matters, and other investigations into allegations of unprofessional conduct, were resolved when Dr. Ernst agreed to relinquish his licence and never to practise medicine anywhere in the world in the future. The resignation was effective July 15, 2021.

#### [Dr. Ashwani Narang](#)

Dr. Narang admitted to unprofessional conduct for accessing the personal health information of a number of individuals when he did not have a patient-physician relationship with them, did not have their consent, and either did not have a legitimate need to know the information or did not exercise due diligence to ensure he had a legitimate need to know the information accessed. The penalty order included a 3-month suspension, a reprimand, the requirement to complete several courses and the payment of costs in the amount of \$23,597.96.

#### [Dr. Oladayo Oladipo](#)

Dr. Oladipo was found guilty of one charge of unprofessional conduct by the Discipline Hearing Committee. The Committee found that he had kissed a nurse on the cheek in 2015 or 2016 and then tickled or attempted to tickle her in 2018. The penalty order included a reprimand, a one-month suspension (deemed to have already been served), courses in boundaries, ethics/professionalism and communication with team members, and the payment of costs in the

amount of \$26,634.19. Dr. Oladipo has appealed the Discipline Hearing Committee decision and the Council's penalty decision to the Court of Queen's Bench.

### **Dr. Jacek Steplewski**

Dr. Steplewski admitted to unprofessional conduct for causing or permitting inappropriate billings to be submitted to Medical Services Branch in the context of reviewing questionnaires and body temperatures of his colleagues and clinic employees to determine fitness to work on a daily basis. The penalty order included a reprimand, the requirement to complete an ethics course, a fine in the amount of \$5,000, and the payment of costs in the amount of \$3,314.98.

### **Dr. Edward Tsoi**

Dr. Tsoi admitted to unprofessional conduct for failing to maintain the standards of practice of the profession in his treatment of an infant following delivery. The penalty order included a reprimand, the requirement to complete the Neonatal Resuscitation Program, and the payment of costs in the amount of \$15,187.50.

### **Dr. Alexandre Yatsina**

Dr. Yatsina was charged with unprofessional conduct. The charge alleged that he failed to provide required reports to SGI and failed to respond to communications from the College. The matter was resolved through post-charge alternative dispute resolution (ADR) when Dr. Yatsina signed an undertaking agreeing to establish and maintain an audit trail to track requests for and completion of third-party reports. He agreed to audit those requests internally for two years, and to make that audit trail available for review by the College upon request. Dr. Yatsina agreed to ensure that all third-party requests are responded to within 30 days; if that is not possible, he will advise the requesting party of the reason and a timeline for his response.

### **Mr. Huangrui (Richard) Zhu**

Mr. Zhu admitted to unprofessional conduct for collecting and copying documents in the course of his clerkship that contained the personal information and personal health information of numerous patients that he dealt with, retaining those documents without redacting the personally identifying information, and failing to exercise due diligence to ensure the documents were disposed of in a secure and appropriate manner. Given that Mr. Zhu had provided the College with an undertaking related to his handling of personal health information while licensed as an undergraduate medical student, the fact that the College of Medicine had suspended him from clinical duties for about two years, and the fact that he had completed an ethics course, the penalty order included a reprimand and the requirement to pay costs in the amount of \$8,846.62.



Sheila Torrance is Legal Counsel at the College of Physicians and Surgeons of Saskatchewan.



## DocTalk 2021 - Volume 8 Issue 3



October 2021

By Werner Oberholzer, Deputy Registrar

### Treating family members? You might want to think twice....

The College recently received a referral from Medical Services Branch (MSB) regarding several physicians who submitted billings for services provided to patients who are part of their own family unit.

When a billing is received by MSB, it is assumed that such a service has been delivered, as physicians are personally responsible for the accuracy of the billings submitted by their office/billing clerk.

The [CPSS Code of Conduct](#) states:

...

*m. Maintain professional boundaries. That includes refraining from providing care to individuals where a dual relationship\* exists and objectivity may be challenged; in circumstances where refraining is not reasonably possible, ensure care provided is transparent, objective and defensible*

...

*\*Where the “dual relationship” is defined as: when multiple roles (personal, professional, business or social) exist between a physician and a patient.*

The [CPSS Code of Ethics](#) states:

...

*7. Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment*

...

The CMPA also addresses this issue in their document: [Know the rules, avoid the risks: Treating family and friends](#).

The College understands that billing mistakes can occasionally happen, despite the fact that physicians are expected to review their billings prior to submission to MSB.

The most recent referral included situations where the administration of vaccines in a clinic setting were assigned to the physician who was the family member, instead of the person administering the vaccine. The same appears to have happened with samples submitted to a lab. However, once the billing has been submitted, it can only be interpreted that the physician actually delivered the service to a member of their family unit.

Physicians often consider treating family members. Unfortunately treating family members removes the objectivity and distance necessary in a physician-patient relationship. Even a benign treatment like administering a vaccination may have dire consequences if a complication, for example anaphylaxis, should occur.

Sometimes physicians consider engaging informal consultations with colleagues or friends for treatment of family members. This strategy is also not recommended unless it follows the formal consultation process.

We strongly recommend that physicians refrain from prescribing or treating family members. If a physician continues to treat or prescribe to family members, this issue could be seen as unprofessional conduct and may be referred to discipline.



*Dr. Werner Oberholzer is Deputy Registrar with the College of Physicians and Surgeons of Saskatchewan and specializes in Family Medicine, Emergency Medicine, and Care of the Elderly.*

# DocTalk

## REGISTRATION TIMES

DocTalk 2021 - Volume 8 Issue 3

---



*By: Debra-Jane Wright, Director, Registration Services*

### Welcome to Renewal Season 2021!

If you haven't already, you will be receiving a notice shortly to begin the Annual Renewal Cycle, both for your Licence and if applicable, your Corporation Permit. The email notices you receive this year will include all the information you need to get started with renewal.

Also, in an effort to improve your renewal experience, we have been working closely with our Vendor to implement and test improvements based on the feedback we received from you last year.

Some improvements we hope you will observe through your renewal experience this year include:

- Earlier and more frequent renewal reminders,
- More streamlined questions to improve ease of answering,
- Notations included within the platform to assist you in answering questions,
- Improved web browser capability and form loading speed
- Improved payment processes



*By: Debra-Jane Wright, Director,  
Registration Services*

## Wondering what to do about renewal if you are not planning to practice next year?

Please contact the College to discuss your best options in advance of Renewal. Please call (306) 244-7355 during office hours (8:30am – 4:30pm) and ask to speak to someone in Registration about your Renewal or email [cpsreg-renew@cps.sk.ca](mailto:cpsreg-renew@cps.sk.ca).



*By: Debra-Jane Wright,  
Director, Registration Services*

## Congratulations, you passed! Now what?

If you have recently sat a certifying exam and have received results of your exam, please reach out to the College to let us know! The sooner we are made aware of your exam results, the sooner we can take action on your licensure status if required.

For physicians who are under supervision, please reach out to [cpsreg-assess@cps.sk.ca](mailto:cpsreg-assess@cps.sk.ca) and for those who just finished programs and are not under supervision, please reach out to [cpsreg@cps.sk.ca](mailto:cpsreg@cps.sk.ca).



October 2021

*By: Debra-Jane Wright, Registration Director*

## What's the Scoop on Supervision?

### What does supervision involve?

Once on a Provisional Licence (with Restrictions) you will practise independently and be responsible for making independent clinical decisions. However, being on a provisional licence requires that you are assigned a College-approved supervisor, for the purposes of supporting you in practice. You will remain on your provisional licence and under supervision until you achieve your Canadian credentials.

Your supervisor will not provide onsite supervision but will be responsible for conducting periodic chart audits for the duration of your required supervised practice period. Your supervisor typically reviews 5-10 charts per practice review period that

should represent a cross-section of medical conditions. Your supervisor may also provide feedback and make recommendations to aid you in further enhancing your practice. Lastly, your supervisor is required to prepare a summary report following each review of your chart reviews and to submit it to CPSS for review by our Senior Medical Advisors and the Deputy Registrar.

### **Who pays for supervision?**

The physician who is being supervised is responsible for payment. Payment to the supervisor will be coordinated through CPSS. Payment will be required prior to the issuance of your provisional licence and payment will not be processed until you have been actively engaged in practice for a minimum of two months.

- For supervised practice of up to three months, the cost is anticipated on an hourly basis at \$150/per hour.
- For practice of more than three months, cost is paid on an hourly basis and the total cost is not expected to exceed \$2,100 for the first year, with exception to travel and for accommodation requirements.

### **What if I want to move during my supervisory period?**

If you move during your supervision period or prior to achieving regular licensure, you may be forced to restart the supervision process.

As per the CPSS bylaws, and if the supervisor is unwilling or unable to continue supervision at a new location/jurisdiction, your licence will be suspended until a new supervisor is found. Securing a new supervisor in a new location would necessitate the supervision schedule to restart at Year 1.

For more information on supervision please email [cpsreg-assess@cps.sk.ca](mailto:cpsreg-assess@cps.sk.ca).

## **CONTACT INFO CHECK**

### **Have you moved recently?**

Whether it's your personal residence or your clinic practice, please remember to reach out to the College to keep your correspondence and office address contact information up to date. This helps to ensure you do not miss any critical communications sent out by the College and helps to ensure information remains accurate for patients, partners and funders through the use of the Physician Directory that the College maintains!

[Update contact information](#)



## DocTalk 2021 - Volume 8 Issue 3



*By: Dr. Ian McIntosh, Advisory Committee on Medical Imaging*

### **Oversight of Cosmetic Clinics**

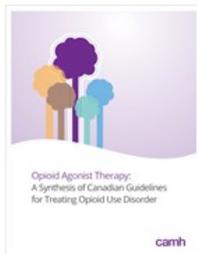
The Advisory Committee on Medical Imaging (ACMI) has identified concerns regarding the performance of breast ultrasound in the province.

1. Breast ultrasound is a very operator-dependent examination and is not suitable for point-of-care examinations or diagnostic studies by sonographers or sonologists without suitable training. Ultrasounds performed by non-breast imagers may lead to significant delays in diagnosis for breast cancer.
2. Breast ultrasound should only be performed with mammographic facilities available, and in conjunction with mammograms, where necessary. The exception is patients less than 30 years old with a palpable mass very much more likely to be a benign entity (such as a cyst or fibroadenoma) rather than a malignancy.

**All patients with clinically suspected breast pathology should be referred to a facility with CAR accreditation for breast imaging (both breast ultrasound and mammography).** This is in the best interest of quality patient care, both in terms of not having to attend two different appointments, but also in having a unified interpretation of two modalities.

## Practice Tools

---



Source: Nicole Bootsman,  
OATP Program

### Canadian Opioid Use Disorder Guideline

The Canadian Opioid Use Disorder Guideline, [Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder](#) is now available on the [CPSS website](#)!

Great collaborative work was done on this project to ensure safe standards of practice across the country! We are especially proud of the support provided by our own CPSS [Opioid Agonist Therapy Program](#) staff.

See the [CAMH website](#) for more details on the project.



### Infection Prevention and Control - Link Letter

See the latest [IPAC-SPIC Link Newsletter](#) for the latest updates on Infection Prevention.



Information courtesy of RSFS

### Health Accompanateur Interpretation Services

Saskatchewan primary care providers and patients can call the [Réseau Santé en français de la Saskatchewan Health Accompanateur Program](#) to obtain assistance for French-speaking patients!

Trained *Health Accompanateurs* act as the patient's guide to the health system and as an interpreter during consultations with various health providers: doctors, pharmacists, lab technicians, nurses, therapists, etc.



Information courtesy of CCENDU

### Stay updated on drug news in Saskatchewan and across Canada

Be sure to like the "CCENDU Saskatchewan" Facebook page.

The [Canadian Community Epidemiology Network on Drug Use](#) (CCENDU), is a nation-wide network of community partners that informs Canadians about emerging drug use trends and associated issues.



Information courtesy of LINK

### LINK Telephone Consultations - New Services Available

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care. New specialties included! [FIND OUT MORE](#)



# DocTalk



## DOCTALK 2021 - Volume 8 Issue 3

Source: Brenda Senger, Physician Health Program Director, Saskatchewan Medical Association

### CMA – Scotiabank Physician Wellness Initiative Agreement

The SMA via financial support from the CMA/Scotiabank Physician Wellness Initiative, has developed the following new initiatives:

- The Equity, Diversity and Inclusion initiative – a committee has been formed to begin understanding the experiences and impact of racism on physicians and medical learners. An educational session was held at the May Representative Assembly (RA).
- The development of a robust website focused on physician health issues to enable easy and convenient access to information/resources.
- A needs assessment survey has been initiated to identify physicians' needs and gaps encountered within the Physician Health Program.
- Funding to provide access to healthy food for all medical learners during in-hospital rotations after 6pm.

- Providing remuneration to physicians who are involved in Crisis Intervention Stress Management (CISM) debriefings or peer support.

## Stress is inevitable. Struggling is optional.

If you are a physician struggling with mental health concerns, please know there is a safe, confidential place for you to contact.

Call the [Physician Health Program](#) at the Saskatchewan Medical Association.



### **Brenda Senger**

Director  
306-657-4553  
[brenda.senger@sma.sk.ca](mailto:brenda.senger@sma.sk.ca)

### **Jessica Richardson**

Clinical Coordinator (Regina/South)  
306-657-4553 [jessica.richardson@sma.sk.ca](mailto:jessica.richardson@sma.sk.ca)

## Saskatchewan Physician Leaders



October 2021

The candidate roster is in, deliberations are under way, and in November, Council will be awarding the prestigious Dr. Dennis A. Kendel Distinguished Service Award to the most deserving recipient for 2021. Look for all the details in the next issue of DocTalk!

**Didn't get your nomination in?  
We are now accepting nominations for 2022!**

[Click here for a nomination package.](#)

## Senior Life Designation



October 2021

*Are you ELIGIBLE?*

*Have you been licensed on a form of postgraduate licensure in Saskatchewan for **40 years or more?***

You may be eligible for **SENIOR LIFE DESIGNATION!**

[Click here for more details](#)