



EXECUTIVE SUMMARY

of the

29 & 30 MARCH, 2019 COUNCIL MEETING

COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN

The Council of the College of Physicians and Surgeons of Saskatchewan operates under an explicit set of governance policies. It strives to make its work as transparent as possible to the medical profession and to the general public.

Those portions of Council's deliberations that are not confidential are open to observation by any person subject to space availability in the meeting room.

At the conclusion of each Council meeting an Executive Summary of the meeting is widely distributed to the district medical associations, related organizations and the public media. This Executive Summary provides a brief overview of issues discussed, decisions made, and/or actions taken by the Council. If any person wishes more detailed information about any of the issues which are not subject to confidentiality constraints, these can be obtained by contacting Ms. Sue Waddington, Executive Assistant to the Registrar, at 101 – 2174 Airport Drive, Saskatoon, Saskatchewan, S7L 6M6, phone (306) 244 7355, Fax (306) 244 2600, or email OfficeOfTheRegistrar@cps.sk.ca.

1. Council received a report on the actions taken in relation to the "For Action Items" from the previous meeting.
2. Council reviewed and discussed Monitoring Reports from the Registrar with respect to:
 - (a) The Registrar's Compliance with Council's Executive Limitation Policies pertaining to:
 - (i) EL – 7 – Regulatory Functions; and
 - (ii) EL – 9 – Communication and Support to Council; and
 - (iii) EL – 10 – Emergency Executive Succession.

3. Council received a verbal update on some deferred items:

Telemedicine/Virtual Medicine Standards

Mr. Salte indicated that FMRAC Board will meet in June and should approve the Telemedicine/Virtual Medicine Standards which will inform our work.

Conflict of Interest Bylaw Review

Mr. Salte indicated that this will await the completion of the Sale of Goods Policy item which may influence this Conflict of Interest Bylaw.

Mandatory Use of PIP/Education/Prescription Forgery Strategies

While this committee has not had an opportunity to meet to do much of the work, the Registrar updated Council with respect to all the initiatives that are occurring in the Prescription Review Program and the Opioid Agonist Therapy Program. She included the work that Dr. Oberholzer has been leading in arranging for increased OAT providers and with working with the SHA in improving the connectivity of this care provision.

Penalty for Sexual Involvement with a Patient/Sexual Boundaries Policy

This working group's work will be informed by the Federation of Medical Regulatory Authorities of Canada's Annual General Meeting on these issues that will be held in Whistler June 8 to 10, 2019.

FMRAC Health Policy – Possible Revision of CPSS Documents

The working group will be amendment questions for the renewal form and it is hoped that the committee will meet before the next Council meeting.

4. Council received a report from the Associate Registrar on the work of the working group on the Code of Professional Conduct including reviewing the feedback from the Ministry, the Saskatchewan Medical Association, physicians and members of the public. Council considered some of the suggested changes and referred the matter back to the working group to incorporate the changes and to develop the final wording for Council to consider at the June meeting, including incorporating the Code of Conduct in a regulatory bylaw.
5. Council considered a report from the working group on a possible bylaw amendment to adopt the 2018 CMA Code of Ethics. Council directed that the working group continue its work and to bring back a recommendation for the June meeting of Council.
6. Council reviewed the report from the committee meeting with respect to the Truth and Reconciliation Report and an update from Mr. Burton O'Soup.

Council was also made aware that two staff members have indicated an interest in joining this committee; Ms. Caro Gareau and Ms. Janna Ethier.

Council also reviewed the Saskatchewan Health Authority's commitments and asked the working group to review for consideration of a similar approach to be adopted by the Council.

7. Ms. Sheila Torrance provided a report on the Sale of Products by Physicians. Council accepted the working group's recommendation to broaden the definition of overhead to include staff, office space and capital expenditures. Council accepted the policy with the changes of the wording as suggested.
8. Council received an updated report from Mr. Salte with respect to the *Ability of Residents to Sign Orders under The Youth Drug Detoxification and Stabilization Act*. Council adopted a bylaw amendment to allow residents to sign such orders in defined circumstances:

(j.1) notwithstanding paragraph (j), a resident may sign an order 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, in addition, be signed by a physician holding a regular or provisional licence.

9. Council received a report from Ms. Torrance on possible amendments of Bylaw 23.3 and Bylaw 26.1 surgical assisting. Council adopted the proposed amendments to Bylaw 23.3:

Regulatory Bylaw 23.3 is hereby amended by:

(1) deleting the current section (a)(vii) and replacing it with the following:

(vii) Services when acting as a surgical assistant in an operating room within a facility operated by the Saskatchewan Health Authority, or within an accredited non-hospital treatment facility if the Registered Nurse has been assessed as competent to act as a surgical assistant by the Saskatchewan Health Authority;

(2) deleting the current section (b) and replacing it with the following:

(b) Except in the situation of an emergency, prior to delegating the authority for a Registered Nurse to perform an activity the physician must be satisfied that the individual to whom the act will be delegated has the appropriate knowledge, skill and judgment to perform the delegated act. The delegatee must be able to carry out the act as competently and safely as the delegating physician, or in the case of paragraph (a)(vii), as competently and safely as another duly qualified medical practitioner who has been granted privileges by the Saskatchewan Health Authority to act as a surgical assistant.

(3) deleting the current section (c) and replacing it with the following:

c) Except in the situation of an emergency, the authority to delegate must be provided in writing to the delegatee, and must contain:

(i) a specific description of the activities which have been delegated;

(ii) any conditions or restrictions associated with the delegation (only to be exercised after prior consultation with a physician, only to be exercised if a patient has a specific medical condition, any time limitation on the delegated authority, etc.)

(4) deleting the current section (d) and replacing it with the following:

(d) A delegation is only valid if the delegatee accepts the delegation.

(5) deleting the current section (g) and replacing it with the following:

(g) A delegation is only valid while the delegating physician is generally available to provide oversight and advice to the delegatee. If the physician who has delegated the activity no longer has oversight responsibility for the delegated activity, the delegation is no longer valid.

Regulatory Bylaw 26.1 is hereby amended by:

(1) deleting section (j)(v)9. and replacing it with the following:

9. no procedures are conducted in the facility unless the facility has been granted a subsisting accreditation by the Council;

(2) deleting section (j)(v)10. and replacing it with the following:

10. the facility does not operate in contravention of any conditions or restrictions imposed in the Certificate of Approval or operate while its Certificate is suspended.

(3) deleting section (j)(v)11. and replacing it with the following:

11. the facility is eligible for assistance from the Canadian Medical Protective Association with respect to all medical care provided at the facility or the facility maintains insurance coverage with an insurance company registered to do business in Saskatchewan that provides a minimum coverage of two million dollars for each occurrence against liability from professional negligence in patient care.

(4) deleting section (j)(v)12. and replacing it with the following:

12. the personnel of the facility are familiar with The Health Information Protection Act and that the facility will comply with the obligations of a trustee under that Act.

(5) deleting section (j)(v)13. and replacing it with the following:

13. any Registered Nurse to whom a duly qualified medical practitioner delegates the role of surgical assistant in an operating room has been assessed as competent to act as a surgical assistant by the Saskatchewan Health Authority, has the appropriate knowledge, skill and judgment to perform the delegated act, and must be able to carry out the act as competently and safely as another duly qualified medical practitioner who has been granted privileges by the Saskatchewan Health Authority to act as a surgical assistant.

(6) adding section (j)(v)14. as follows:

14. if the facility is an Assisted Reproduction Technology Facility, the facility complies with the standards established by the College for such facilities.

10. Council received a report from the Associate Registrar with respect to amending Governance Policy GP-9 Code of Conduct. Council adopted the proposed changes. These changes include adding the following:

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

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

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

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

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

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

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

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

11. Council established a committee consisting of Dr. B. Brownbridge and Dr. K. Shaw, with the ability to add others, to study the issue of aging physicians.
12. Council approved the nomination of Dr. Mahli Brindamour to the Board of Directors of the Saskatchewan Prevention Institute for a 2 year term. This nomination is a joint nomination from the College of Physicians and Surgeons of Saskatchewan and the College of Medicine.
13. Council conducted a penalty hearing pertaining to Dr. A. Christie. The charges admitted by Dr. Christie are as follows:

*The Council of the College of Physicians and Surgeons directs that, pursuant to section 47.5 of **The Medical Profession Act, 1981**, the Discipline Committee hear the following charge against Dr. Allison Christie, namely:*

*You Dr. Allison Christie are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981** S.S. 1980-81 c. M-10.1 and/or bylaw 8.1(b)(ix) and/or bylaw 23.1 of the bylaws of the College of Physicians and Surgeons of Saskatchewan.*

The evidence that will be led in support of this charge will include one or more of the following:

- a) *You failed to maintain the standard of practice of the medical profession in relation to your prescribing of Prescription Review Program medications (hereafter referred to in this charge as PRP medications) to a patient, hereinafter referred to in this charge as Patient X;*
- b) *You failed to maintain the standard of practice of the medical profession in relation to your prescribing of Prescription Review Program medications (hereafter referred to in this charge as PRP medications) issued in the name of Patient X's husband, hereinafter referred to in this charge as Patient Y;*
- c) *You received several letters from the Prescription Review Program of the College of Physicians and Surgeons related to your prescribing to Patient X;*
- d) *You failed to effectively respond to the concerns identified by the Prescription Review Program in relation to your prescribing to Patient X;*
- e) *You received a FAX dated July 16, 2014 from a pharmacist related to your prescribing to Patient X;*
- f) *You failed to effectively respond to the concerns identified by the pharmacist in relation to your prescribing to Patient X;*
- h) *You failed to utilize appropriate safeguards to address concerns about possible misuse of PRP medications by Patient X;*
- i) *You failed to appropriately manage concerns that Patient X had a drug problem;*

- j) You failed to appropriately document information relevant to your prescribing of PRP medications to Patient X;*
- k) You failed to appropriately document information relevant to your prescribing of PRP medications to Patient Y;*
- l) You provided prescriptions for PRP medications in the name of Patient Y, and at the time you did so, you provided those prescriptions based upon information provided to you by Patient X;*
- m) You provided prescriptions for PRP medications in the name of Patient Y without assessing Patient Y to determine if those medications were appropriate for Patient Y's condition;*
- n) You provided prescriptions for PRP medications in the name of Patient Y, without exercising due diligence to ensure that the medications would be used by Patient Y.*

Submissions were made by Ms. Marie Stack on behalf of Dr. Christie and by Mr. Bryan Salte on behalf of the Registrar's Office. Council imposed the following penalty:

The Council of the College of Physicians and Surgeons imposes the following penalty on Dr. Allison Christie pursuant to The Medical Profession Act, 1981:

- 1) Pursuant to Section 54(1)(b) of The Medical Professional Act, 1981, the Council hereby reprimands Dr. Christie. The format of that reprimand will be to be determined by the Council;*
 - 2) Pursuant to section 54 (1)(g) of The Medical Profession Act, 1981, Dr. Christie is required to successfully complete a prescribing course in a form acceptable to the Registrar on or before December 31, 2019. The prescribing course Safer Opioid Prescribing Skills offered by Saegis is a course that is acceptable to the Registrar.*
 - 3) Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, the Council directs Dr. Christie to pay the costs of and incidental to the investigation and hearing in the amount of \$600. Such payment shall be made in full by April 30, 2019;*
 - 4) The Council reserves to itself the right to amend any of the terms of this penalty decision, upon application by Dr. Christie. Without limiting the authority of the Council, the Council may determine what prescribing courses will meet the requirements of paragraph 2).*
14. Council nominated Mr. Lionel Chabot to be a representative to the University of Saskatchewan Regina Senate for a three year term from July 1, 2019 to June 30, 2022.
 15. Council discussed ex-officio appointments and determined that the members that serve in these roles, i.e. University of Regina Senate, University of Saskatchewan Senate, etc. will be expected to provide a synoptic report once per year that can be added to the College's AGM report.
 16. Council nominated Mr. Marcel de la Gorgendiere to be a representative to the University of Saskatchewan Senate for a further term of 3 years commencing July 1, 2019. Mr. de la Gorgendiere is the current representative and was eligible to be re-appointed.
 17. Council received an update on the strategic plan with respect to:

Strategic Priority 1 Optimise Practice Excellence

- Objective C1 Improve Appropriate Assessment of physicians for Entry to practice.
- Objective C2 Enhance Competency throughout the Career Life Cycle (Revalidation).
- Objective C3 Increase Compliance of physicians working within their current skills and knowledge.

Strategic Priority 3 Optimise Operational Excellence – People and Leadership Objectives

- Objective P4 Enhance Council Governance Practices

18. Council received a report from the Director of Registration Services on physicians with certification and MCCEE. The report included the minutes of a meeting of the Registration Committee. Council was advised that the Registration Committee supported the Registrar granting a regular licence to physicians who have received their certifying examinations, have been successful in the MCCEE and have completed successfully 5 years of practice. This will be achieved by the Registrar using the exceptional circumstance clause of College registration bylaws as the bylaws require physicians who have passed a certifying examination and completed 5 years of successful practice to attain MCCQE1 before being eligible for a regular licence.
19. Council considered a letter from a physician who requested a registration bylaw change to allow physicians to be released from supervision requirements after they have achieved the certifying examination. Council declined to change its bylaws.
20. Council reviewed a report from Mr. Salte related to payments to public members set out in Governance Policy GP-8. The Council decided not to change the policy which provides that the College will supplement payment to public members so that they will be paid a total of 80% of what is paid to physician members of Council.
21. Ms. Beckie Wills provided Council an overview of the quarterly financial report to the period end December 31, 2018. The report was provided for information only.
22. Council received a report from Mr. Salte with respect to a possible administrative bylaw amendment to name an obstetrician/gynecologist as a member of the Advisory Committee on Medical Imaging. The suggested resolution to amend the bylaw accepted was:

Administrative bylaw 8.2(a)(i)1. is amended by adding the words "Obstetrics/Gynecology" after "Cardiology"
23. Council reviewed a request from the Saskatchewan Association of Licensed Practical Nurses to consider whether Council would adopt a bylaw amendment to allow licensed practical nurses to inject Botox and dermal fillers. Council approved in principle a change to its bylaws to add the following paragraphs:

(i) a duly qualified medical practitioner may delegate to a licensed practical nurse the authority to inject agents which have an effect on or illicit a response from living tissues

(bioactive agents), but only when the physician has first assessed the patient and established a treatment plan for the injection.

And,

(J) the provisions of paragraphs (b) through (h) apply to a delegation to a licensed practical nurse.

These proposed bylaw amendments will be circulated for stakeholder feedback.

24. Council reviewed a possible amendment to the Medical Certificates of Death Policy where it was believed that our policy had a mis-statement. The policy Physician Obligations Regarding Medical Certification of Death is amended by deleting the sentence:

a) The death arose in circumstances which has resulted in a report to a coroner (see section 7 of The Coroners Act, 1999 reproduced below)

and substituting the sentence:

a) The death arose in circumstances which, in the physician's opinion, required a report to a coroner (see section 7 of The Coroners Act, 1999 reproduced below)

25. Council reviewed a possible amendment to the Opioid Agonist Therapy Policy. The original policy approved in November 2018 was amended by adding a cover page which states the following:

POLICY Opioid Agonist Therapy (OAT) Prescribing

Each of the requirements in the following policies related to Opioid Agonist Therapy is subject to the qualification that the Registrar can, if the Registrar concludes that it is in the public interest to do so, waive the requirement for a physician to comply with the requirement. That waiver can be granted subject to conditions, including conditions related to the locations in which the waiver applies and the length of time for which the waiver is in effect.

26. Council reviewed a request to consider developing policy around providing medical care in correctional facilities. Although Council was sensitive to the issues raised by the two concerned individuals it believes its current processes will allow reviews of care provided to the inmates through our Quality of Care process and that other issues appear to be more related to institutional policies that the College has limited ability to influence. Council declined to develop policy, but asked the Registrar to write to physicians who practise in correctional facilities to express the College's expectations that physicians will provide appropriate care in correctional facilities.
27. Council appointed Dr. C. Almond and Mr. R. Gibbins, Q.C. as members of the Discipline Committee.
28. Council conducted a penalty hearing pertaining to Dr. T. Tshiyombo. The charges admitted by Dr. Tshiyombo were:

1. You Dr. Tshala Tshiyombo are guilty of unbecoming, improper, unprofessional or discreditable conduct contrary to the provisions of Section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981**, SS 1980-81, c M-10.1 and/or paragraphs 2, 9 and 52 of the Code of Ethics contained in Bylaw 7.1 of the Regulatory Bylaws of the College of Physicians and Surgeons of Saskatchewan, particulars whereof are that in the course of your professional practice in Saskatoon, you engaged in a pattern of inappropriate behaviour and rude and offensive communication with staff members and patients, and made threats to staff members.

The evidence that will be led in support of this charge will include the following:

- a. With respect to a former staff member referred to in this charge as Employee 1 (employed in or about 2012 or 2013) you yelled at her and criticized her in front of patients;
- b. You threw a stack of papers at Employee 1 in front of patients;
- c. When Employee 1 quit her employment, you took her truck keys out of her purse so she couldn't leave and threatened her that you would never give her a good reference and that you had a lot of power in the medical community;
- d. With respect to a former staff member referred to in this charge as Employee 2, you yelled at her and criticized her in front of patients;
- e. You told Employee 2 that First Nations people were dirty and wanted drugs;
- f. Employee 2 witnessed you yell and scream at patients and push patients out of the exam room;
- g. With respect to a former staff member referred to in this charge as Employee 3 (employed in or about 2014), you criticized her often;
- h. When Employee 3 handed in her resignation, you tore the document and placed it in the document shredder, telling her that you would call the police and threatening her with legal action;
- i. When Employee 3 handed in her resignation, you grabbed her head at the crown and chin and twisted her head to force her to look at you;
- j. With respect to a former staff member referred to in this charge as Employee 4 (employed in or about 2014), you threw pens or ripped paper on the floor and made her pick them up;
- k. You criticized and yelled at Employee 4 in front of patients and hung up the phone while Employee 4 was talking with patients;
- l. Employee 4 witnessed you make offensive comments about an East Indian patient in the waiting room;
- m. With respect to a former staff member referred to in this charge as Employee 5 (employed in or about 2012), you yelled at her in front of patients including during an incident on or about November 15, 2012;
- n. You told Employee 5 that if she left your employ, you would make sure she never got another job in the medical field;
- o. You told Employee 5 that if she didn't lie about the reasons for another employee's departure from the clinic, she would be fired;
- p. Once Employee 5 resigned her employment, you sent her text messages threatening small claims court and criminal action related to a dispute over a password for medical files;
- q. With respect to a patient referred to in this charge as Patient 1, she had attended to see you for a meet and greet appointment in or about the fall of 2013. You told her she talked too much and that you would not take her as a patient. After she left the office, you had the receptionist call her back, at which time you held the door closed so Patient

1 could not leave, and you told her not to speak to your staff about you. You prevented Patient 1 from leaving when she asked you to open the door;

r. With respect to a former staff member referred to in this charge as Employee 6 (employed in or about 2016), you yelled and swore at her when she made mistakes, often in front of patients;

s. With respect to a staff member referred to in this charge as Employee 7, you yell at her on occasion in front of patients. Employee 7 has also witnessed you throw things on the floor.

t. With respect to a former staff member referred to in this charge as Employee 8 (employed in or about 2010 and 2011), you yelled at her in front of patients that she was not doing her job right.

You Dr. Tshala Tshiyombo are guilty of unbecoming, improper, unprofessional or discreditable conduct contrary to the provisions of Section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981**, SS 1980-81, c M-10.1 and/or paragraph 46 of the Code of Ethics contained in Bylaw 7.1 of the Regulatory Bylaws of the College of Physicians and Surgeons of Saskatchewan, particulars whereof are that in the course of your interview by the preliminary inquiry committee on or about September 19, 2017, you knowingly provided false information to the preliminary inquiry committee.

The evidence that will be led in support of this charge will include the following:

a. You advised the preliminary inquiry committee ("PIC") that while practising in Wadena, you were involved in a conflict with several nurses who accused you of being demanding and tough on them;

b. You advised the PIC that you had complained about the quality of the nurses' work performance to the senior medical officer, Dr. Huber, and that he had investigated the matter;

c. You advised that Dr. Huber cleared you of all complaints, and that he had asked you to go to work in Humboldt;

d. One or more of those statements was untrue.

Submissions were made by Mr. N. Stooshinoff on behalf of Dr. Tshiyombo and by Mr. Salte on behalf of the Registrar's Office. Council imposed the following penalty:

The Council of the College of Physicians and Surgeons imposes the following penalties on Dr. Tshala Tshiyombo pursuant to The Medical Profession Act, 1981:

1. Pursuant to section 54(1)(e) of The Medical Profession Act, 1981, the Council hereby reprimands Dr. Tshiyombo. The format of that reprimand will be determined by the Council.

2. Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Tshiyombo successfully complete the Saegis modules Successful Patient Interactions and Effective Team Interactions, and provide proof of completion of both. These courses are to be completed within six months.

3. Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Tshiyombo successfully complete the Saegis Clinical Communication Program, and provide proof of completion. This program is to be completed at the first available date.

4. Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, the Council directs Dr. Tshiyombo to pay the costs of and incidental to the investigation and hearing in the

amount of \$15,695.75 over a period of 6 months commencing March 30, 2019. Such payment shall be made in full by September 30, 2019.

5. Pursuant to section 54(2) of *The Medical Profession Act, 1981*, if Dr. Tshiyombo should fail to pay the costs as required by paragraph 4, Dr. Tshiyombo's licence shall be suspended until the costs are paid in full.

6. The Council reserves to itself the right to reconsider and amend the time within which payment of costs must be made set out in paragraph 4, and the right to reconsider and amend the requirements of the retraining or education set out in paragraphs 2 and 3. Such reconsideration shall only be done if requested by Dr. Tshiyombo.

29. Council conducted a penalty hearing pertaining to Ms. L. Richels. The charge admitted by Ms. Richels stated:

*The Council of the College of Physicians and Surgeons directs that, pursuant to section 47.5 of **The Medical Profession Act, 1981**, the Discipline Committee hear the following charge against Lindsay Richels, namely:*

*You Lindsay Richels are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of section 46(m) and/or section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981** S.S. 1980-81 c. M-10.1 and/or bylaw 8.1(b)(ix) and/or bylaw 2.12(d) of the bylaws of the College of Physicians and Surgeons of Saskatchewan.*

The evidence that will be led in support of this charge will include some or all of the following:

- a) At the times relevant to this charge you were licensed by the College of Physicians and Surgeons of Saskatchewan on an educational licence;*
- b) At the times relevant to this charge you were licensed by the College of Physicians and Surgeons of Saskatchewan as a medical student;*
- c) During the time that you were licensed on an educational licence you engaged in the practice of medicine which was not authorized by your educational licence;*
- d) During the time that you were licensed on an educational licence you provided Botox injections to individuals;*
- e) During the time that you were licensed on an educational licence you provided Belkyra injections to individuals;*
- f) During the time that you were licensed on an educational licence you provided injections of dermal fillers to individuals.*

Submissions were made by Mr. D. Kraushaar on behalf of Ms. Richels and Mr. B. Salte on behalf of the Registrar's Office. Council imposed the following penalty:

*The Council of the College of Physicians and Surgeons imposes the following penalty on Ms. L. Richels pursuant to *The Medical Profession Act, 1981*:*

*Pursuant to Section 54(1)(b) of *The Medical Professional Act, 1981*, the Council hereby reprimands Ms. Richels. The format of that reprimand will be to be determined by the Council;*

30. Council conducted a penalty hearing pertaining to Dr. A. Rengarajan. The charges admitted by Dr. Rengarajan stated:

1) You Dr. Arvind Rengarajan are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981** s.s. 1980-81 c. M-10.1, and/or bylaw 8.1(b)(vi) and/or bylaw 8.1(b)(ix) of the bylaws of the College of Physicians and Surgeons.

The evidence that will be led in support of this particular will include some or all of the following:

- (a) A person hereinafter referred to in this charge as "Patient Number 1" was your patient;
- (b) On or about August 24, 2015 you saw patient number 1 in relation to the patient's health concerns;
- (c) You prepared one or more entries in Patient Number 1's chart which did not accurately reflect the care you provided to Patient Number 1;
- (d) You falsified the record for Patient Number 1 in respect of your examination or treatment of the patient;
- (e) After you made your entry related to August 24, 2015 you altered the record by adding the notation "ESM- Aortic area";
- (f) After you made your entry related to August 24, 2015 you altered the record by changing the words "arranged for labs/Echo" to "arranged for Urgent labs/Echo"
- (g) After you made your entry related to August 24, 2015 you altered the record by adding the word "dismissive about Cardiac cause .. not keen on ECG. Advised to follow through with labs to start."
- (h) The changes to the patient record were made without noting that the changes were made at a later time than the original patient records was created.

2) You Dr. Arvind Rengarajan are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981** s.s. 1980-81 c. M-10.1, and/or bylaw 7.1 and paragraph 13 of the Code of Ethics.

The evidence that will be led in support of this particular will include some or all of the following:

- (a) A person hereinafter referred to in this charge as "Patient Number 1" was or had been your patient;
- (b) Patient Number 1 had consulted you in relation to concerns related to her marital breakup;
- (c) You failed to maintain appropriate professional boundaries in relation to Patient Number 1;
- (d) On or about the 31st of July, 2015 you sent a text message to Patient Number 1;
- (e) Patient Number 1 provided her contact information in relation to medical care you provided for her;
- (f) You did not have Patient Number 1's consent to use her contact number for purposes unrelated to her medical care;
- (g) The text message was unrelated to medical care for Patient number 1;
- (h) The text message sent to Patient Number 1 stated the following "It Is Dr R sorry to text you. I want some advice regarding Nurses, staff affairs etc. could you help? I want this to be confidential. Thank you" or used words to similar effect;
- (i) On or about July 31, 2015 you telephoned Patient Number 1 and engaged in a

discussion relating to your concerns about certain individuals associated with the hospital in Humboldt;

(j) During the telephone conversation that occurred on or about July 31, 2015 you asked Patient Number 1 if she wanted to come to your home for a glass of wine;

(k) At the time that you invited Patient Number 1 to come to your home for a glass of wine you were aware of her medical history, including the fact that she was separated from her husband.

Submissions were made by Mr. N. Stooshinoff on behalf of Dr. Rengarajan and by Ms. S. Torrance on behalf of the Registrar's Office. Council imposed the following penalty:

The Council of the College of Physicians and Surgeons imposes the following penalties on Dr. Arvind Rengarajan pursuant to The Medical Profession Act, 1981:

1. Pursuant to section 54(1)(e) of The Medical Profession Act, 1981, the Council hereby reprimands Dr. Rengarajan. The format of that reprimand will be determined by the Council.

2. Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Rengarajan successfully complete an ethics course approved by the Registrar, and provide proof of completion. This course is to be completed within six months. The programs "Medical Ethics, Boundaries and Professionalism" by Case Western University and "Medical Ethics and Professionalism" by Professional Boundaries Inc. are ethics programs acceptable to the Registrar.

3. Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Rengarajan successfully complete a medical record-keeping course approved by the Registrar, and provide proof of completion. This course is to be completed within six months. The course "Medical Record-Keeping" by the University of Toronto or "Medical Record-Keeping for Physicians" by the University of British Columbia are record-keeping programs acceptable to the Registrar.

4. Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Rengarajan successfully complete the Saegis program Effective Team Interactions, and provide proof of completion. This course is to be completed within six months.

5. Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, the Council directs Dr. Rengarajan to pay the costs of and incidental to the investigation and hearing in the amount of \$15,573.36 over a period of 6 months commencing March 30, 2019. Such payment shall be made in full by September 30, 2019.

6. Pursuant to section 54(2) of The Medical Profession Act, 1981, if Dr. Rengarajan should fail to pay the costs as required by paragraph 5, Dr. Rengarajan's licence shall be suspended until the costs are paid in full.

7. The Council reserves to itself the right to reconsider and amend the time within which payment of costs must be made set out in paragraph 5, and the right to reconsider and 3 amend the requirements of the retraining or education set out in paragraphs 2, 3 and 4. Such reconsideration shall only be done if requested by Dr. Rengarajan.

The Council of the College of Physicians and Surgeons imposes the following penalties on Dr. Arvind Rengarajan pursuant to The Medical Profession Act, 1981:

1. Pursuant to section 54(1)(e) of The Medical Profession Act, 1981, the Council hereby reprimands Dr. Rengarajan. The format of that reprimand will be determined by the Council.
 2. Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Rengarajan successfully complete a boundaries course acceptable to the Registrar, and provide proof of completion. This course is to be completed within six months. The programs "Probe Program" by CPEP and "Professional Boundaries & Ethics" by PBI are boundaries programs acceptable to the Registrar.
 3. Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, the Council directs Dr. Rengarajan to pay the costs of and incidental to the investigation and hearing in the amount of \$17,328.35 over a period of 6 months commencing March 30, 2019. Such payment shall be made in full by September 30, 2019.
 4. Pursuant to section 54(2) of The Medical Profession Act, 1981, if Dr. Rengarajan should fail to pay the costs as required by paragraph 3, Dr. Rengarajan's licence shall be suspended until the costs are paid in full.
 5. The Council reserves to itself the right to reconsider and amend the time within which payment of costs must be made set out in paragraph 3, and the right to reconsider and amend the requirements of the retraining or education set out in paragraph 2. Such reconsideration shall only be done if requested by Dr. Rengarajan.
31. Council received information about Human Rights obligations of regulatory bodies and duty of accommodation and asked legal counsel to prepare a document for Council's information and discussion at the June Council meeting.
 32. Council received a report from Mr. E. Pas, Director of Registration Services with respect to an IT update pertaining to the renewal platform. Mr. Pas will continue to work with the consultant and further look into options to achieve as many improvements in the renewal platform as possible this year.
 33. Council received a report on the status of bylaws. All bylaws adopted by the Council have been approved.
 34. Council discussed an issue that has arisen with respect to inadequate communication between various organisations who have a need to know regarding each of the organisations' actions. Council agreed that the current ADR working group will be asked to develop a communication strategy that is appropriate to facilitate the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Health Authority, the College of Medicine and other partners being aware of actions which are being taken by one organization that may impact another.
 35. Council received a report from the President with respect to the actions taken by the Executive Committee since its last Council meeting in January.
 36. Council received a report from Mr. Salte with respect to reprimands; process and procedures and discussed how facts could be checked in the written reprimands to ensure accuracy prior to the reprimands being approved by Council.

Council decided that in some circumstances reprimands should be administered in-person to a physician at a Council meeting.

37. Council reviewed and adopted a revised reprimand pertaining to the penalty imposed on Dr. S. Oberholtzer at its November meeting of Council.
38. Council received a report from Ms. S. Torrance relating to concerns that a physician had been grossly delinquent in completing hospital documentation. Council concluded that a charge should be laid and ADR offered to the physician as an alternative to prosecuting the charge.

Synoptic charges will be posted on the College's website.

39. Council reviewed draft reasons for decision pertaining to Dr. A. Ali and deferred the matter until the June meeting to allow further review of the draft reasons.
40. Council reviewed draft reasons for decision pertaining to Dr. R. Parikh and deferred the matter until the June meeting to allow further review of the draft reasons.
41. Council reviewed and adopted the draft reprimand pertaining to the penalty imposed upon Dr. P. Duffy at its January meeting. The reprimand will be posted on the College's website.
41. Council reviewed and adopted the draft reprimand pertaining to the penalty imposed upon Dr. T. Chikukwa at its January meeting. The reprimand will be posted on the College's website.
42. Council reviewed and adopted draft reasons for the decision pertaining to Dr. Aluvadeen's application for an extension of his provisional licence to allow for a summative assessment.
43. Council reviewed a Preliminary Inquiry Committee Report and laid charges of unprofessional conduct against a physician. The charge alleges that he provided inaccurate information to the Alberta Health Services while he was an employee of that organisation.

Synoptic charges will be posted on the College's website.

44. Council reviewed a Preliminary Inquiry Committee Report and laid charges of unprofessional conduct against a physician. The charge alleges that she provided inaccurate information to Alberta Health Services while she was an employee of that organisation.

Synoptic charges will be posted on the College's website.

45. Council reviewed a Preliminary Inquiry Committee Report and laid charges of unprofessional conduct against a physician. The charge alleges that the physician failed to meet the standards of the medical profession in relation to prescribing Methadone and that he had a conflict of interest in relation to his Methadone practice.

Synoptic charges will be posted on the College's website.

46. Council reviewed a Preliminary Inquiry Committee Report and laid charges of unprofessional conduct against a physician. The charge alleges that the physician failed

to meet the standards of the medical profession in relation to prescribing Methadone and that he had a conflict of interest in relation to his Methadone practice.

Synoptic charges will be posted on the College's website.

47. Council received a report from the Registrar with respect to an appeal to Council of a Quality of Care Advisory Committee decision. Council upheld the decision of the Quality of Care Advisory Committee and dismissed the appeal.
48. Council received an update on the outstanding discipline matters from the Associate Registrar, Mr. Bryan Salte.
49. Mr. E. Pas, Director of Registration Services provided Council a report on encrypted computers and biometrics in relation to security of Council documents.
50. Council received an update with respect to the top 3 educational sessions identified in a survey of Councilors. The top 3 areas of interest to the Council are:
 1. Traditional Indigenous Health; practice and history; and IT Safety/Protection/State of the Art
 2. Sexual Boundaries Violations; what can the College do to prevent physicians engaging in boundary violations, and
 3. What can the College do beyond licensing, standards and discipline? What is the College's mandate and the rationale for expanding its activities beyond those three areas?
51. Council engaged in the meeting assessment and felt that the Chairman had allowed adequate opportunity for good discussion of all items.
52. Mr. Salte provided Council a list of 'For Action' items.