



Annual Report 2023



CPSS

College of Physicians and
Surgeons of Saskatchewan



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



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Mandate

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



Land Acknowledgement

The Council and the College of Physicians and Surgeons of Saskatchewan respectfully acknowledge that the land on which we live, and work is Treaty 6 Territory, the traditional territory and home of the Cree, Dakota, Saulteaux and Métis Nations. We would like to affirm our relationship with one another now and for the future, and our role in guiding the profession to achieve the highest standards of care to benefit all people in this territory equally.

Message from the President of Council

2023 was a productive year for Council. Council is seeing some membership changes with Dr. Marilyn Baetz (as Interim Dean of Medicine) replacing Dr. Preston Smith, and following elections, Dr. Terry Ross joining from Regina and Dr. Michael Harrington from the Saskatoon area. Dr. Rob Basi and Dr. Lenny Pillay have stepped down, and we have said farewell to Dr. Olawale Franklin Igbekoye, who is moving to Ontario, and we will soon be losing Dr. Sivaruban Kanagaratnam from Swift Current, also relocating to Ontario. Nonetheless, the Council remains a vibrant, diverse and inclusive group of physician and public members who diligently represent the public we serve.

Complaints at the College have been increasing in frequency, however thanks to efficiencies in the Legal Services department and the Quality of Care department, the Council has seen great improvement in the time to resolution for complaints. The Executive Committee has managed an unprecedented number of matters which has enabled the legal department to proceed to resolution on matters that could have otherwise taken a prolific amount of time to complete.

Discipline continues to be a major component of the work of Council. Unfortunately, the number of complaints per year continues to rise and therefore we continue to work diligently, not only to manage issues as they arise, but to work toward providing educational means of preventing behaviors which may lead to complaints of misconduct against members.

We have progressed toward a high degree of successful development of our strategic goals. It must be recognized that not all of our goals have met with success. The Council was particularly disappointed in our inability to initiate a robust process for ongoing competency, which would include a component for the aging physician. Past Council President Dr. Brian Brownbridge and Deputy Registrar Dr. Werner Oberholzer were tasked to investigate the Alberta model for ongoing competency assessment. It has become clear that in the absence of a huge capital fund (such as Alberta's Heritage fund) the College could not develop a similar program without incurring an unjustifiable fiscal commitment. We will be engaging in the development of a new strategic plan in the fall of 2024, which will serve to refocus Council on priorities moving forward.

The relationship between the College and the Saskatchewan Medical Association (SMA) was strained this year as the SMA board took the unusual step of applying to the Court of King's Bench for intervenor status in a discipline matter we consider to have been appropriately managed by the previous Registrar. The Council considered this decision imprudent as it seems to be based on an incomplete analysis of the issue and has resulted in a more guarded relationship which we hope will normalize to the prior collegial relationship between our organizations. It remains to be seen how this intrusion into the core function of the College on the part of the SMA will play out in court. Ironically the physicians of Saskatchewan will be paying for this legislative exercise both via CPSS fees and SMA fees, as both organisations now have to argue the matter in court.

The Council continues to work at a substantial pace toward refreshing policy and bylaw. From a legislative perspective, we continue to wait to see if the

Government of Saskatchewan will amend or abandon the new umbrella legislation drafted for regulated health professions. The College has loudly advocated for a complete rewrite of the draft legislation. While it is unlikely that we will achieve the rewrite required, it remains to be seen what final form the legislation will take, and when it will be passed and or brought into force.

In my last term as President, I would like to thank the Council for the trust they have continued to place in my leadership, and I look forward to seeing the direction we will choose to take in the near future as we work toward the development of our upcoming new strategic plan in 2024.

Stay well,



Dr. Alan Beggs
President of Council



Message from the Registrar

I am pleased to be writing my first “Message from the Registrar” for the 2023 Annual Report of the College of Physicians and Surgeons of Saskatchewan (CPSS).

I assumed the role of Registrar and CEO of the CPSS halfway through the year, on July 1st, 2023. I would like to begin by acknowledging and thanking Dr. Karen Shaw for her exceptional service to the College and her many years of dedication, vision, and hard work as Registrar – she guided the College through many changes and challenges, particularly during the pandemic, and we are very thankful for her thoughtful leadership and stewardship of the College mandate and resources.

The College continues to be challenged to respond to the pressures related to the Medical Human Resource needs in our Healthcare System. We are continually responding to the changes to the standards and requirements for physician licensure that are occurring nationally to ensure that Saskatchewan remains competitive while maintaining public protection.

Over the last year, the College has worked with our stakeholders to support Pre-Licensure Assessments (PLAs) for specialists, as well as creating the structure to license a whole new class of registrants – Physician Assistants (PAs). We have reviewed our policies and processes related to the standards to demonstrate alternate proof of knowledge equivalent to the MCCQE1 exam and the examinations related to English Language Proficiency (ELP) – thereby allowing for flexibility and reducing some barriers for International Medical Graduates (IMGs).

The College also participated, with the Medical Council of Canada, in the development of the National Registry of Physicians (NRP) that will create the most comprehensive physician database in Canada. This will consolidate data from participating provincial Medical Regulatory Authorities (MRAs) and allow for collaboration and information sharing amongst health care professionals and policy makers across Canada. The ultimate goal is to enhance accessibility, accuracy, currency and searchability of physician data

to improve collaboration across jurisdictions and make it easier for physicians to meet licensing requirements across Canada.

2023 is the penultimate year for Council’s strategic plan that has 4 pillars:

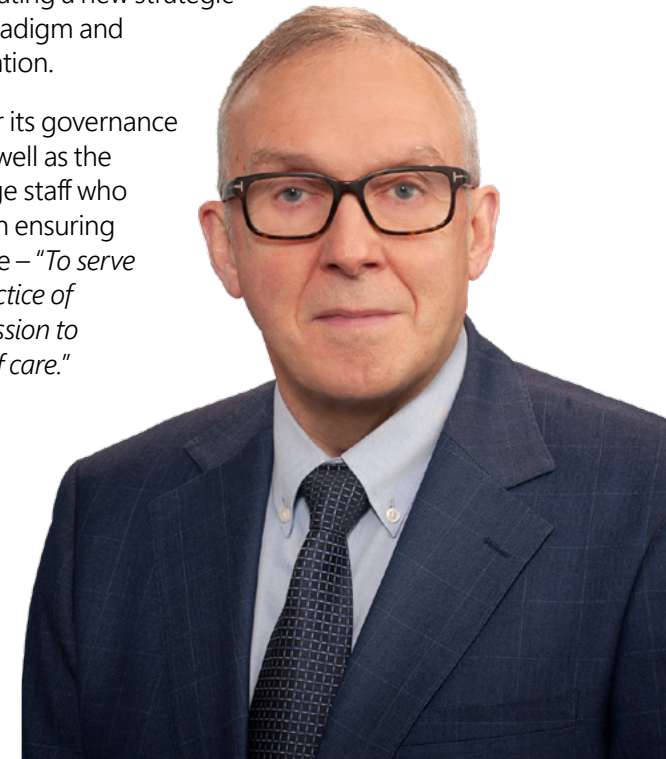
- An integrated Information Technology and Information Management Platform to effectively support College decision-making, program evaluation, and engagement with members (registrants) and the public.
- A robust College-led process to assess and support physicians for competence and performance throughout their careers.
- Enhanced College supervision, assessment, and support of International Medical Graduates (IMGs) moving from a provisional to a regular license.
- Optimal physician prescribing of opioids.

We look forward in 2024 to creating a new strategic plan to respond to the new paradigm and environment in Medical Regulation.

I would like to thank Council for its governance and work over the last year, as well as the extremely hard-working College staff who have done an exceptional job in ensuring our ability to meet our mandate – *“To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.”*



Dr. Grant Stoneham
Registrar & CEO



Reflection from a Public Member of Council

As a public member, it is a pleasure to report on the vital role that the College of Physicians and Surgeons of Saskatchewan has played in advancing public safety in the medical profession. In 2023, much progress was accomplished, and the public members made noteworthy contributions to the College's committees and Council.

We are involved in various committees, with two public members on the Executive Committee focusing on addressing physician misconduct. The public members play a vital role in safeguarding the public interest. Patient safety is our top priority, and we handle ethical challenges impartially. However, we face a critical issue of physician fatigue impacting patient safety and care quality, leading to increased errors and burnout. The healthcare system's lack of capacity is a significant challenge.

I am one of five public members of Council. I serve on multiple committees, including Diversity and Bias, Compensation & Benefits (chair), Finance and Audit, Publications Advisory, and Registration. Alongside another Public Member, I participated in the recruitment committee for the new Registrar. Our diverse backgrounds in education, leadership, administration, business, finance, board governance, administrative tribunals, and law enforcement have enriched Council discussions and influenced key decisions.

Our goal to boost public trust in the medical community remains strong as we proceed. Since public members are the voice of the community, we will always be vigilant guardians of moral behavior, supporters of professional excellence, and champions of the benefit of everyone. We gladly and passionately take up this responsibility.

*Femi Ogunrinde DHA, PG Med Cert (Harvard Medical School) C.Dir, ASC
Public Member from Regina*

Femi Ogunrinde

Public Members of Council in 2023

Mr. Lionel Chabot

Ms. Carolyn Hlady

Mr. Jeff Howlett

Mr. Femi Ogunrinde

Mr. Burton O'Soup

STATS & FACTS

FOR 2023

Click
to
discover!

?

registered physicians
with active licensure
at Dec 31, 2023

2,962

registered physicians
with active licensure
at Dec 31, 2023

392

new complaints

388

complaints files closed

16

bylaws
updated

12

new/updated
policies, standards,
& guidelines

2.5%

increase in active
registrations

Most common
discipline allegation
in 2023

**Unprofessional
Conduct**

Most common
complaint allegation
in 2023

**Treatment and
Care of Patient**

89%

of physicians in SK hold
Canadian certification

966

Educational licences

306

physicians receiving one
or more complaints

26

charges laid against
physicians

16

matters resolved by
pre-charge alternative
dispute resolution

7

discipline matters
resolved by post-charge
alternative dispute
resolution

48.2

Average age of
physicians in SK

949

Certificates of
Professional Conduct
requested

542

licensed laboratories
across the province

9%

reduction in the number
of new licences or newly
transferred licence types

2

new non-hospital
facilities opened

47

registered to
participate in SIPPA
program

4

public
consultations
held

65%

of Saskatchewan
physicians are
registered as
specialists

86

complaints proceeded
through the discipline
process

1

"no contest" hearing
in 2023
(first one for CPSS)

9

matters addressed by
Hearing Administrator
in 2023



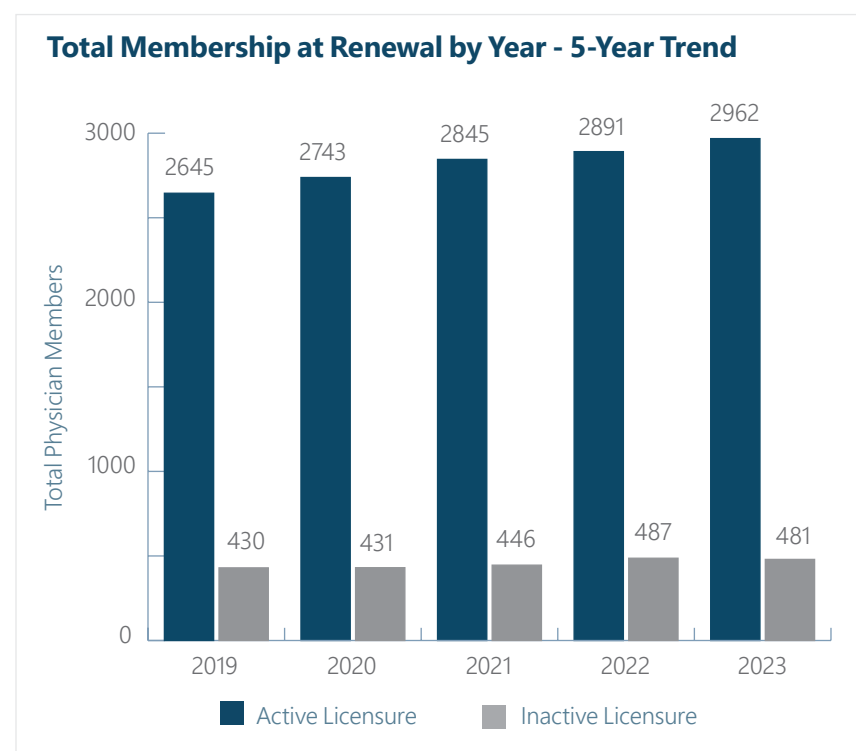
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What is our Physician Population?

Total Registrants by Year

There has been a **2.5% increase** in active registrations in 2023, as compared to the previous year.



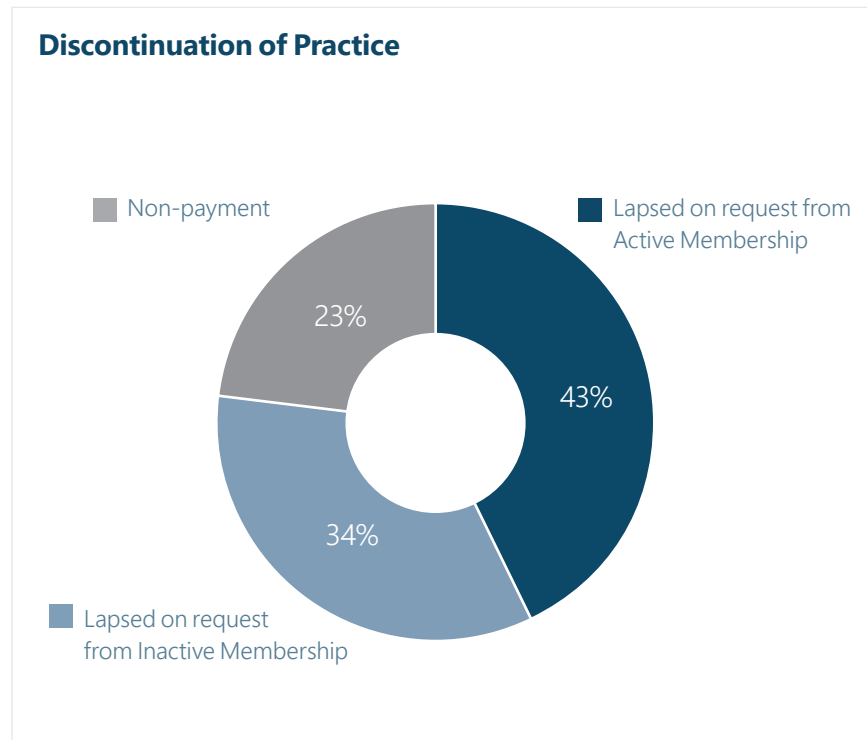
The table above reflects the number of active and inactive physician licences on the Register, as of **December 31, 2023. Active Licensure includes Telemedicine licensure but does not include physicians who would have been listed with a Time Limited Licence.*

Registrants Who Discontinued Practice in 2023

Physicians are required to renew their medical licences on an annual basis in October. In 2023, **172 physicians** discontinued practice in Saskatchewan.

Of the physicians who discontinued practice in 2023, **43%** came off the register from an active licence, **34%** came off the register from an inactive licence and **23%** did not respond to their invitation to renew their licence and therefore came off the register due to non-payment.

The chart below shows the breakdown of reasons for which a registrant has discontinued practice and been removed from the register.



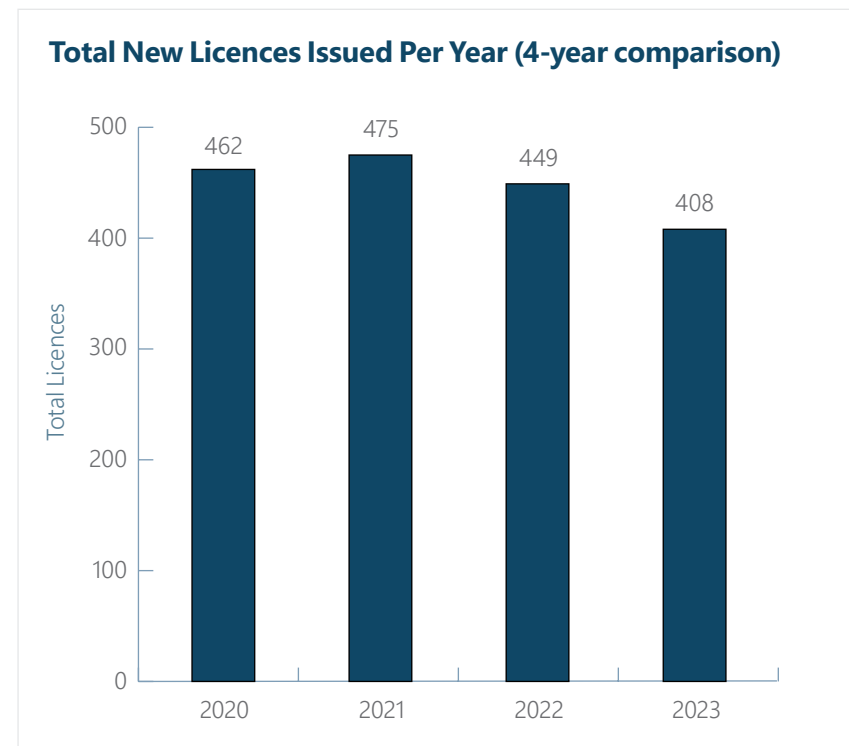
Licensure Types

The table below provides a breakdown of licensure types found in Saskatchewan, as of December 31, 2023.

Licence Type	Total
● Regular licensure	2607
● Inactive Licensure	481
● Provisional with Restrictions Licensure	165
● Regular with Restrictions Licensure	69
● Special 30 (1), (2), (3) Licensure	45
● Virtual Care (0-12 patients)	39
● Ministerial Licensure	22
· Provisional with Restrictions – Time Limited Licensure	8
· Virtual Care (13-52 patients)	7
· Virtual Care (52+ patients)	5
· Provisional Licensure	2
· Special 30(3) with Restrictions Licensure	1
· Regular – Time limited Licensure	1

New and Newly-transferred Licences Issued Annually

The chart below illustrates the total number of new licences or newly transferred licence types issued per year over the last 4 years.

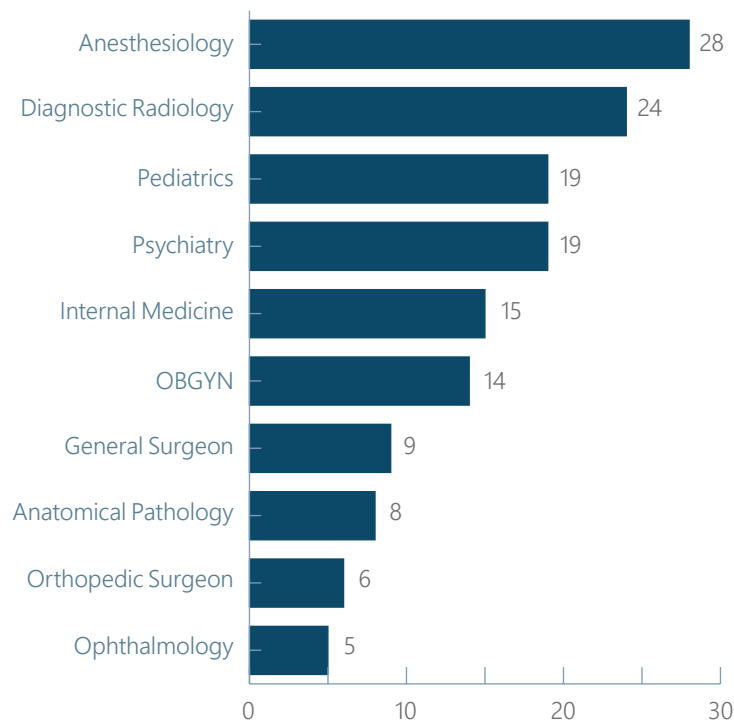


**This chart does not include Educational Licences or Inactive Licences.*

Top 10 Specialty Areas of Practice Where New Licences Issued in 2023

In 2023, **Anesthesiology, Diagnostic Radiology, Pediatrics and Psychiatry** represented the top specialty areas to which physicians were recruited for the province. These were high priority recruitment areas for the province.

Total New Licenses by Discipline

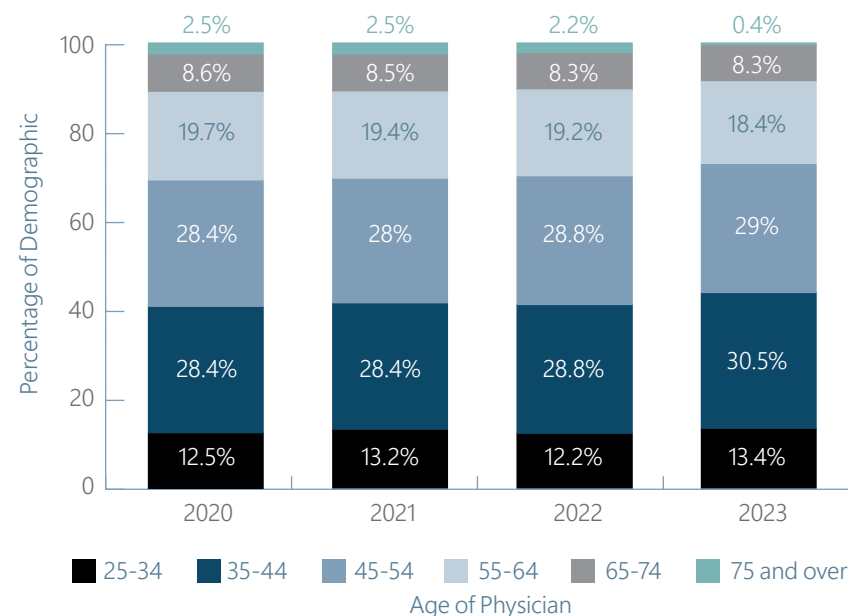


Profile of Physicians Working and Living in Saskatchewan

A Breakdown by Age

The average age of a physician holding a licence in Saskatchewan in 2023 has remained relatively stable at **48.2 years**, compared to 48.7 years in 2022.

Physician Age Demographics



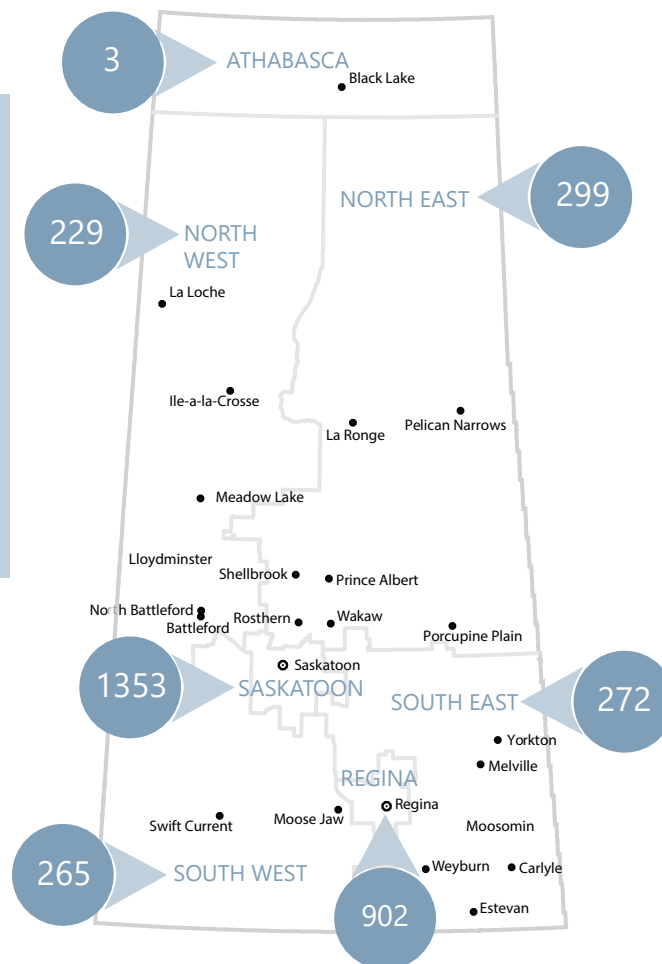
**While the CPSS has exercised its best efforts, it cannot guarantee the accuracy and completeness of the information contained in these charts. This information has been manually extracted from registration workflow tables.*

A Breakdown by Geographic Distribution

WHERE ARE PHYSICIAN PRIMARY OFFICES LOCATED?

Based on **primary practice office addresses** captured in the registry as of December 31, 2023, **68% of physicians** list their primary office address within either of the two main urban centres of Saskatoon and Regina, whereas **32% of physicians** have theirs listed within the surrounding zones: North West, North East, South West, South East and Athabasca.

While many physicians report an office address in a larger regional center, it is important to acknowledge that many also travel out to provide service to rural communities.



GEOGRAPHIC DISTRIBUTION

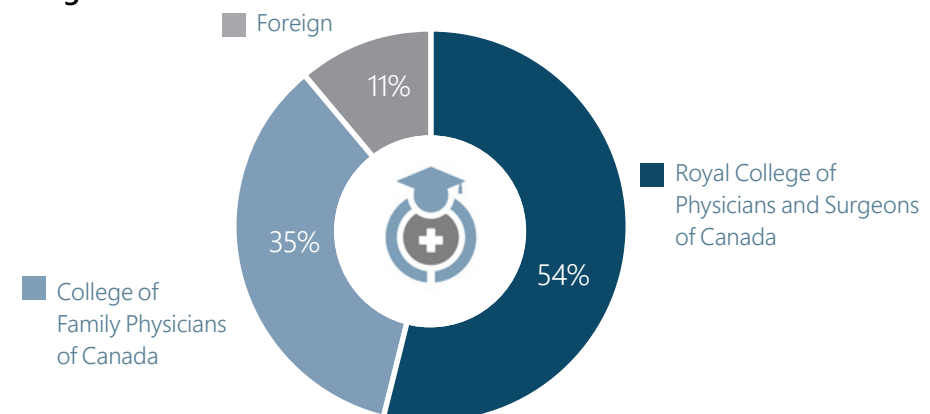
Primary office address locations over the last 4 years.

Saskatchewan Region	2020	2021	2022	2023
Athabasca	5	5	5	3
North East	220	182	222	299
North West	168	179	175	229
Saskatoon	1149	1203	1222	1353
Regina	742	725	748	902
South East	134	184	172	272
South West	205	179	198	265
# PRIMARY OFFICES	2623	2657	2742	3323

A Breakdown by Certification Institution

The chart below shows that **89 %** of physicians in Saskatchewan hold Canadian Certification with either the **Royal College of Physicians and Surgeons of Canada** (RCPSC) or the **College of Family Physicians of Canada** (CFPC).

Eleven percent of physicians licensed in Saskatchewan, hold **certification outside of Canada**, and are captured on the register as **Foreign**.





The Educational Register

How many students licences were issued in 2023?

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

The table below shows the breakdown across students, clerks and residents from 2021 to 2023.

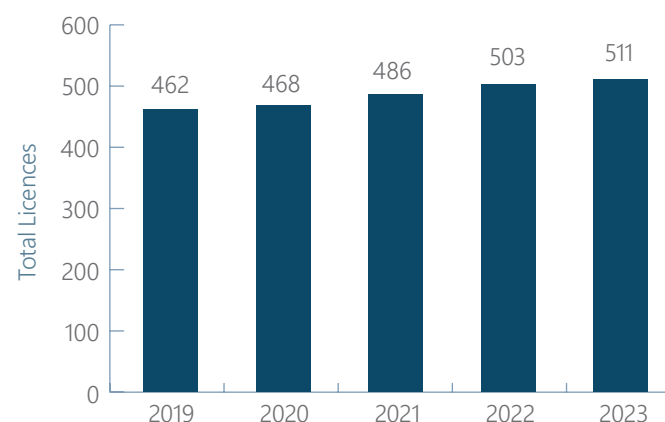
Licence Type	2021	2022	2023
New Medical Students (Year 1)	99	99	107
Medical Students (Year 2-Year 4/5)	309	291	300
Clerk Out-of-Province Electives	0	0	68
New/Promoted Residents (all years)	412	428	447
Resident Electives	45	36	43
Total Educational Licences*	865	854	966

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5-Year View of Residents Registered in Saskatchewan

The chart shows the **total number of residents registered each year** in Saskatchewan. The number of residents registered per year depends on class size, whether any residents were off cycle and are returning after a leave, and whether there were additional residents accepted from outside of Canada on Fellowships. In 2023, **seven (7) supernumerary residents** were accepted from outside of Canada, three of which were new and four of whom were renewing residents.

Total New Residents Registered in Saskatchewan



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MANAGING Quality Assurance & Accreditation	33

BUILDING TRUST through accountability

How are we protecting the patients and families of Saskatchewan?



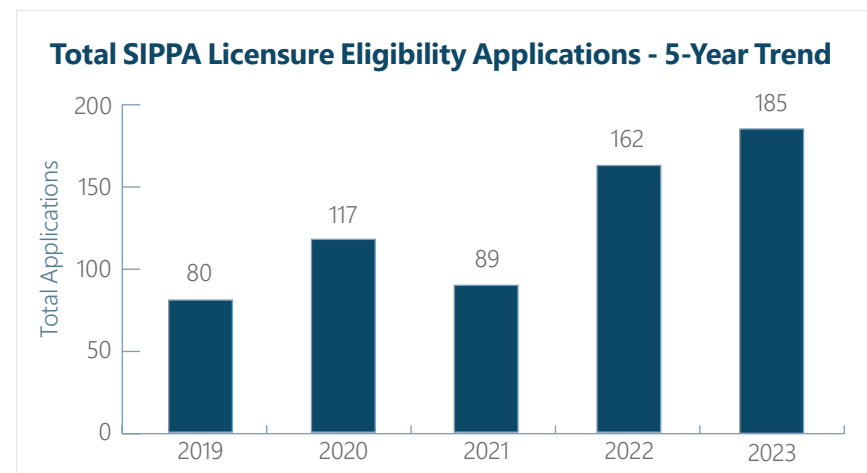
LICENSING Qualified Medical Practitioners



Ensuring Physician Competence

INTERNATIONALLY TRAINED FAMILY PHYSICIANS

The **Saskatchewan International Physician Practice Assessment** (SIPPA) program is a National Assessment Collaboration (NAC) Practice Ready Assessment (PRA) program and is supported by the Saskatchewan Ministry of Health, the Saskatchewan Health Authority (SHA), the Saskatchewan Healthcare Recruitment Agency (SHRA), the University of Saskatchewan and the CPSS. It provides a licensure pathway for internationally trained family physicians coming from systems that currently do not have reciprocal recognition by Canadian national accrediting organizations.



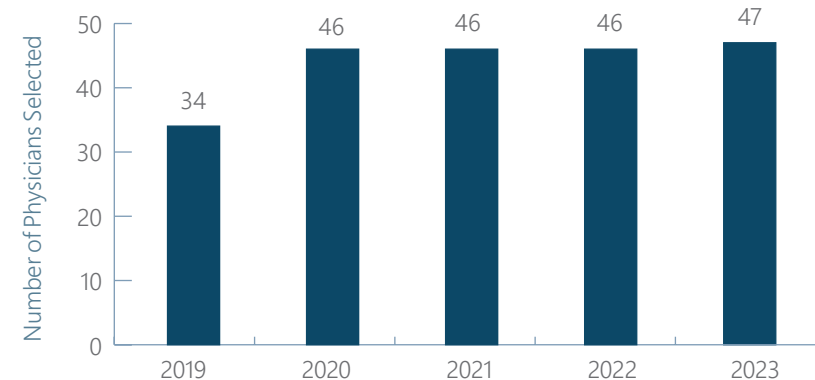
APPLICATIONS

Applications for licensure by physicians who are hoping to be selected into the SIPPA program have been steadily increasing over the last 5 years. From 2022 to 2023, the CPSS has seen a **14.2% increase** in application volume.

CANDIDATE SELECTION

Of these, a total of **47 physicians were accepted** in 2023 into the NAC PRA SIPPA Clinical Field Assessment, which is offered 3 times a year, in March, June and October.

Total Candidates Selected to SIPPA Per Year



The CPSS does not have a role in the final selection of physicians accepted into the program.

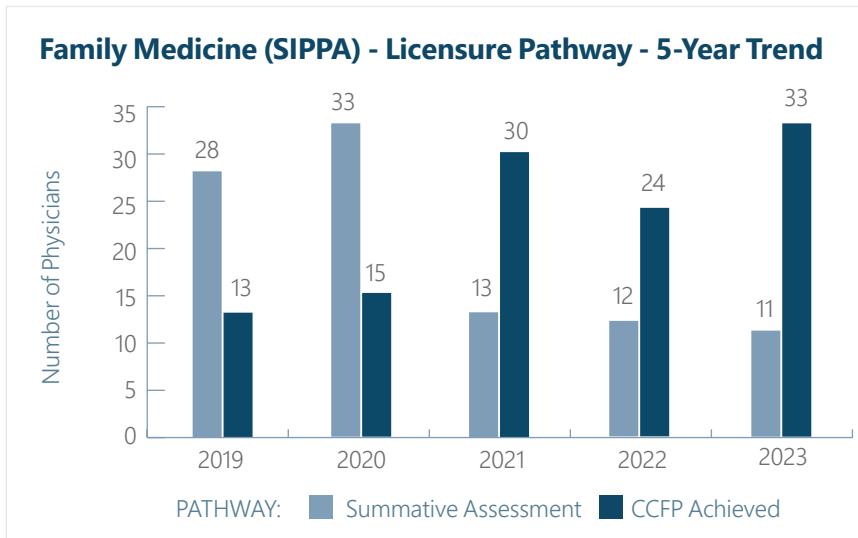
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International Medical Graduate (IMG) Supervision and Assessment

INTERNATIONALLY TRAINED FAMILY PHYSICIANS

Internationally-trained family physicians accepted into the SIPPA program are required to complete a 12-week 'practice ready assessment', followed by a minimum 12 months of independent supervised practice. Following a year of supervised practice, these physicians can initiate a final or 'summative' assessment or can obtain eligibility to sit the Canadian Certifying examination with the College of Family Physicians of Canada (CFPC), as a route to achieving a Regular Licence.

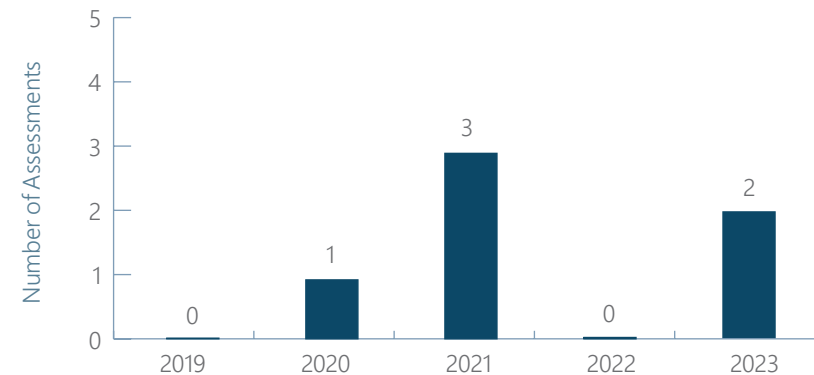
Last year, **11 internationally trained family physicians** successfully completed their **Summative Assessment** and achieved their Regular Licence. An additional **33 internationally trained family physicians** successfully obtained their **Certification with the College of Family Physicians of Canada (CCFP)** in 2023, to ultimately achieve their Regular Licence.



INTERNATIONALLY TRAINED SPECIALISTS

Saskatchewan does not have a designated assessment program for internationally trained specialists as it does for family physicians. Specialists with international medical training who do not meet existing licensure requirements, can be invited by the Saskatchewan Health Authority (SHA) or other health clinics in partnership with the SHA to engage in a **Pre-Licensure Assessment (PLA)**. A PLA is a 12-week assessment to determine a physician's skill, knowledge and suitability to enter into supervised practice. Below is a snapshot of the number of PLAs completed in the last 5 years in Saskatchewan.

Pre-Licensure Assessments Completed



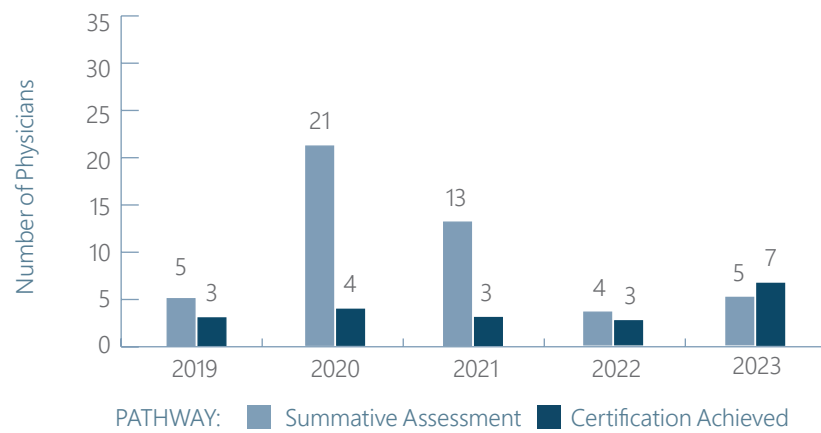
If a specialist is successful with their PLA, they enter into a period of independent, supervised practice. Following 12 months of successful supervised practice, these specialists can embark on a final or 'summative' assessment to obtain a Regular, fully independent and unrestricted Regular licence. Or similarly, an internationally-trained specialist may obtain their Certification with the Royal College of Physicians and Surgeons of Canada (RCPSC), through a practice eligibility route, as an alternate means to achieving their Regular Licence.

**While the CPSS has exercised its best efforts, it cannot guarantee the accuracy and completeness of the information contained in these charts. This information has been manually extracted from registration workflow tables.*

Additionally, some internationally trained specialists do not require a PLA, but simply require a period of supervised practice before either embarking on a summative assessment or by obtaining eligibility to achieve their RCPSC Certification.

In 2023, **5 internationally trained specialists** successfully completed their summative assessment in 2023 and **7 specialists** successfully obtained their Royal College certification.

Specialist Enduring Licensure Pathway - 5-Year Trend



TRACKING Professional Standing & Compliance

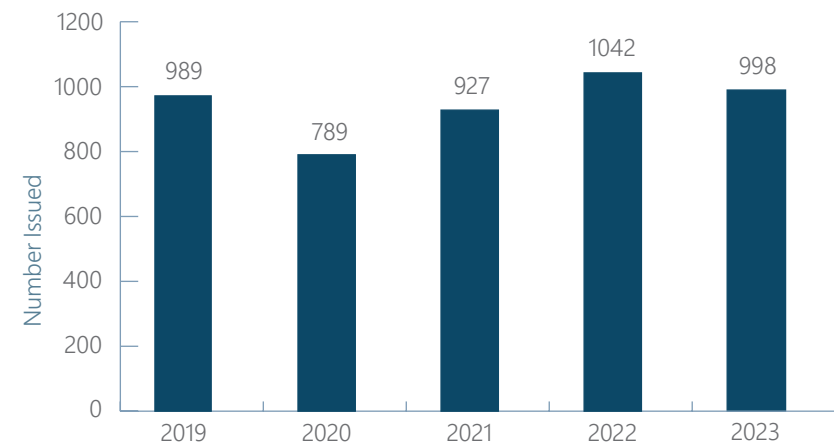
Certificates of Professional Conduct

Certificates of professional conducts (CPCs) are professional documents issued at the request of a physician to confirm their credentials, registration history and standing with the CPSS.

Based on data over the last 5 years, we have seen an **average of 949 CPCs** issued per year by CPSS. We saw a dip in requests in 2020 with the onset of the COVID-19 pandemic but have since returned to pre-pandemic levels.

In 2023, we saw a **4.2% reduction** in the number of CPCs requested.

Number of CPCs Issued - 5-Year Trend



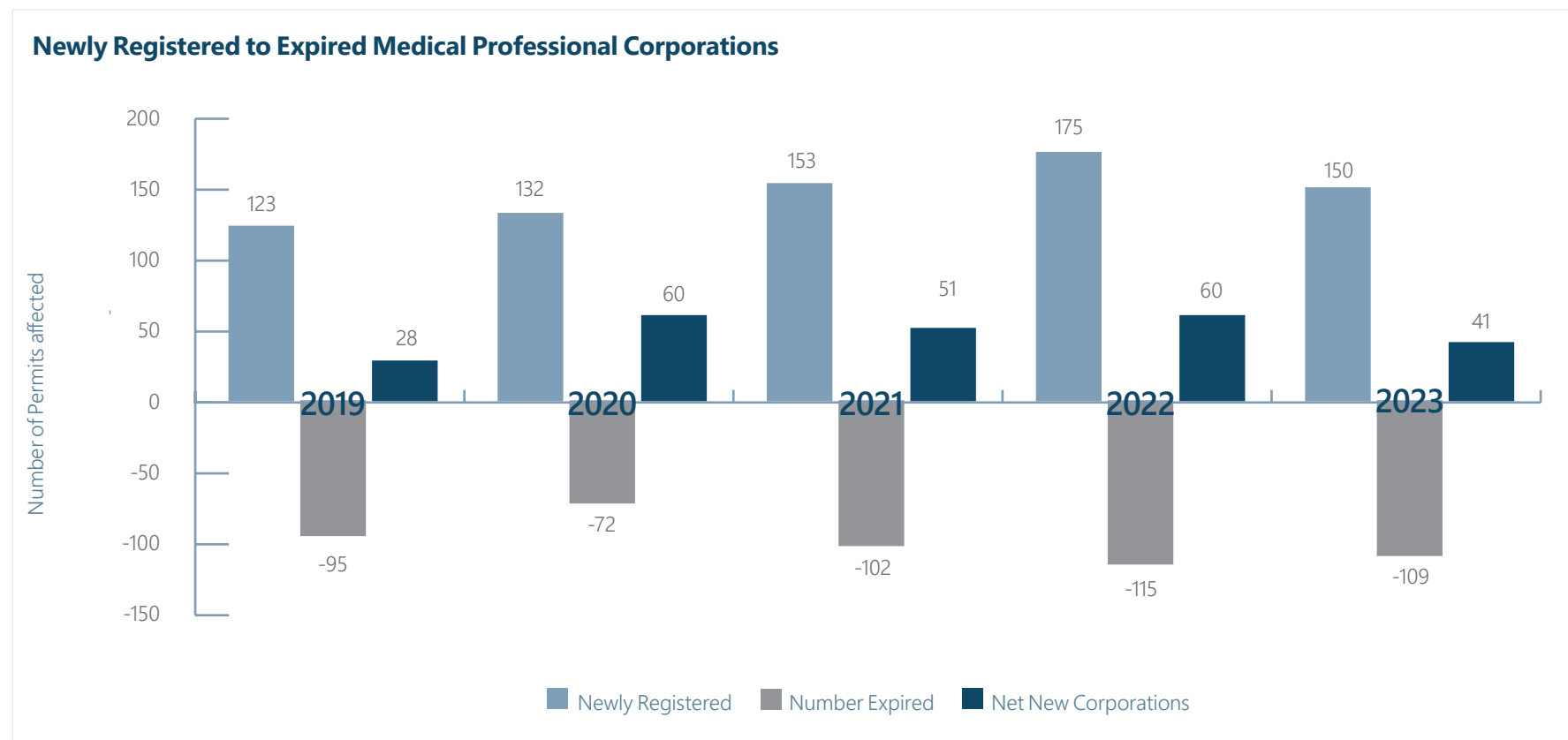
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ISSUING

Medical Professional Corporation Permits

Medical Professional Corporations are legal entities that 'own' a medical practice. There may be financial or legal reasons to establish a corporation. In Saskatchewan, a physician cannot practise medicine through a corporation unless that corporation is registered with the CPSS.

As noted in the chart below, we saw **41 net new** Medical Professional Corporation Permits issued in 2023. This is a significant reduction from the net 60 registered in 2022.



ACTING on Patient Concerns: We're listening!

Quality of Care Concerns

The Quality of Care Department receives and navigates through informal and formal complaints. The Quality of Care staff at the CPSS continue to receive an increasing influx of complaints from the public, physicians, other health professionals and third party sources.

KEY STATS

392 files were opened in 2023

388 files were closed in 2023

306 physicians received complaints out of the 388 closed files

Out of the 388 closed files, **209 were resolved by the Senior Medical Advisors, Deputy Registrar and Regulatory Services Advisors**, *without* requiring Quality of Care Committee (QCAC) involvement.

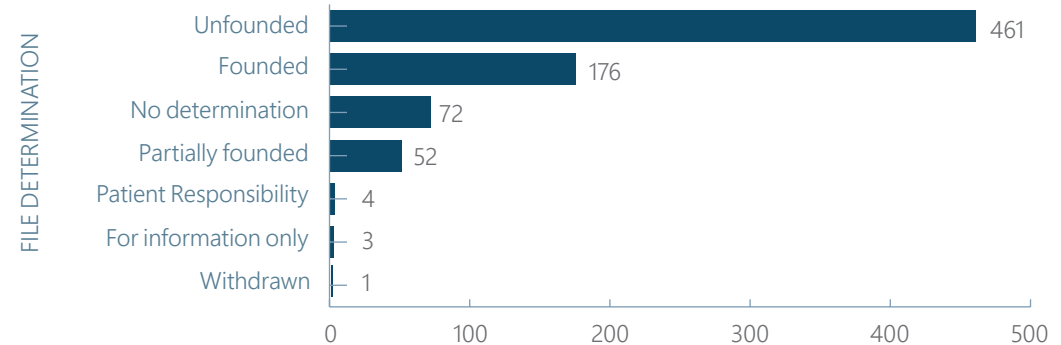
97 were closed by the QCAC and **52 files were sent to the legal team** to handle through one of their processes.

61 files in progress at Dec 31

DETERMINATIONS BY THE QUALITY OF CARE DEPARTMENT

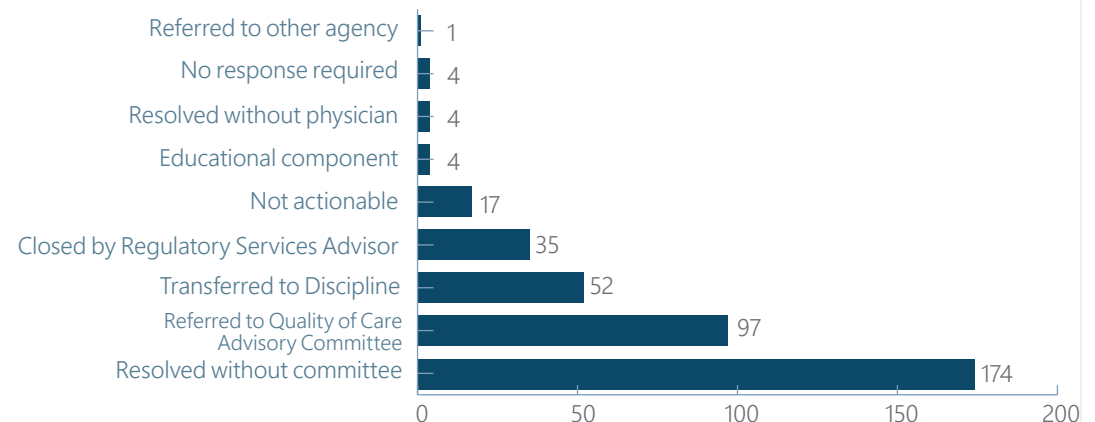
File Determinations in 2023

Below is the categorisation for each of the **769 new allegations** received in 2023 that was resolved by the Quality of Care department. A high percentage of allegations were determined to be unfounded.



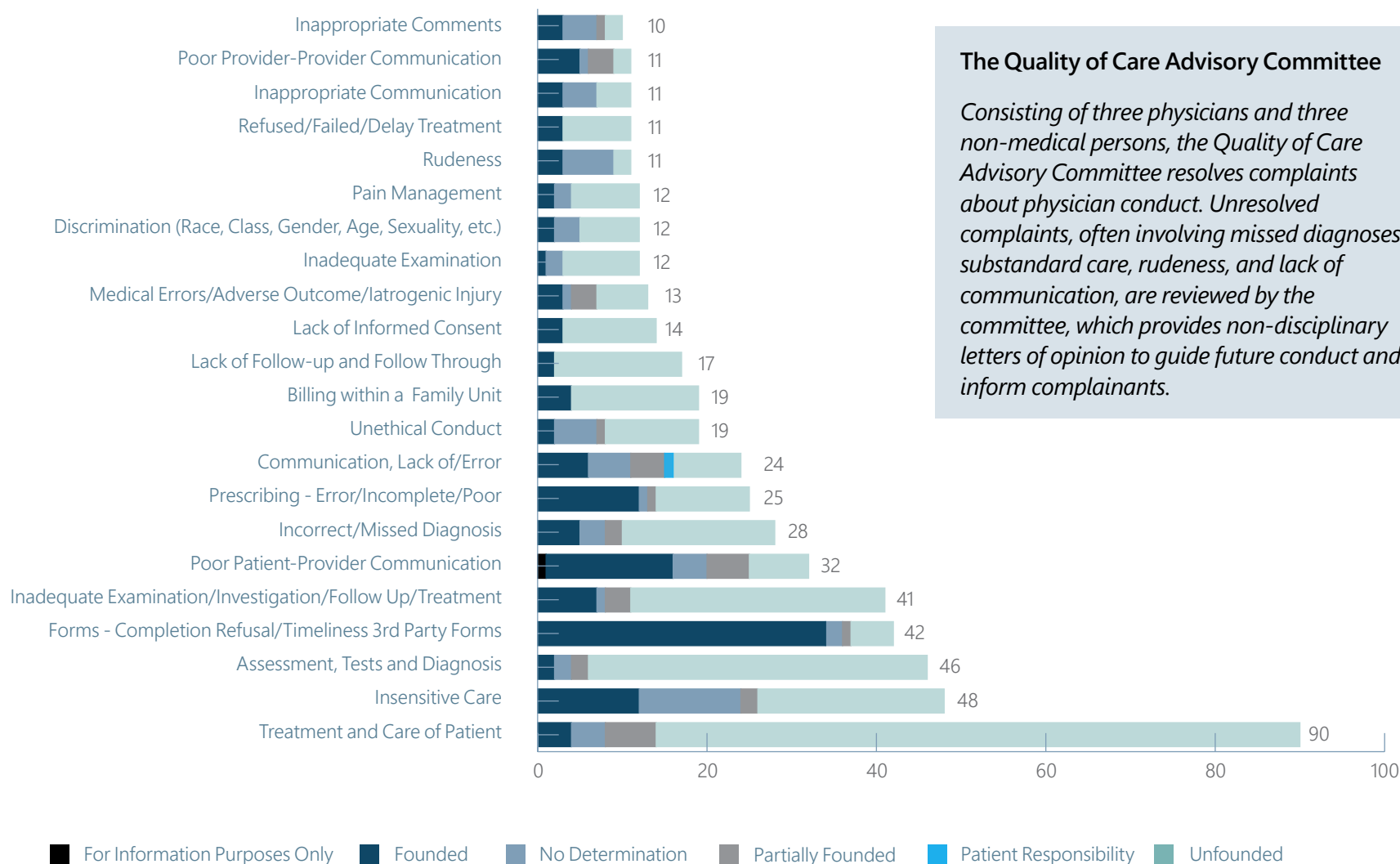
Disposition (Method of Resolution of Files Resolved) of Files closed in 2023

Total = 388 files



FINAL DISPOSITIONS

Complaint Allegations vs Outcome (Determination)

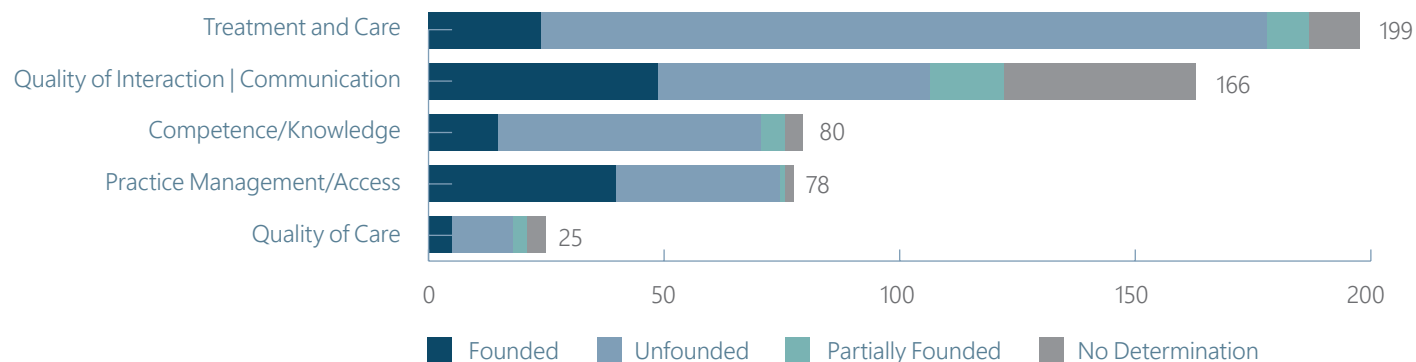


The Quality of Care Advisory Committee

Consisting of three physicians and three non-medical persons, the Quality of Care Advisory Committee resolves complaints about physician conduct. Unresolved complaints, often involving missed diagnoses, substandard care, rudeness, and lack of communication, are reviewed by the committee, which provides non-disciplinary letters of opinion to guide future conduct and inform complainants.

Top 5 Most Common Allegations in 2023

(representing 548 of the 769 total allegations)

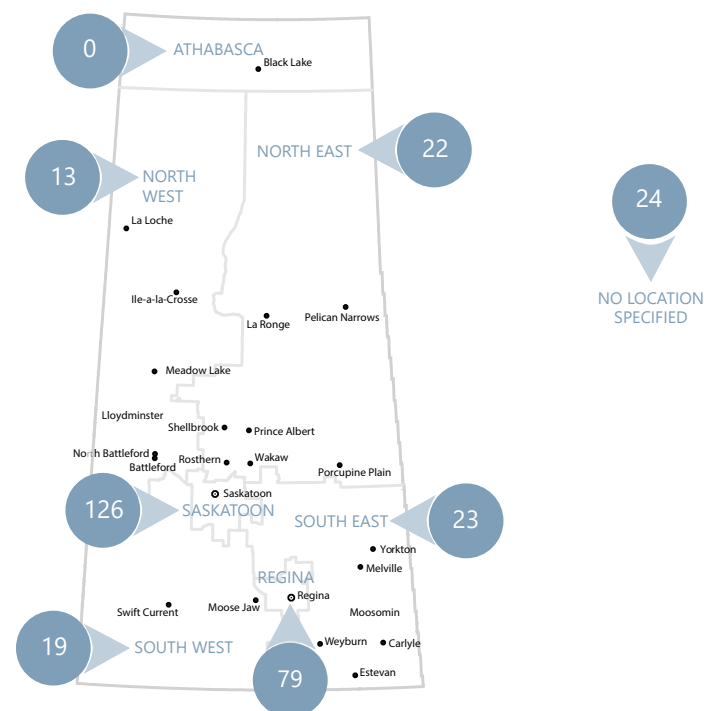


FROM WHICH AREAS ARE COMPLAINTS BEING RECEIVED?

Geographic areas where physicians receiving complaints are located

A total of **306 physicians** were the subject of complaints in the 388 files that were closed in 2023.

Chapter	Count
No location specified	24
NORTH EAST	22
NORTH WEST	13
REGINA	79
SASKATOON	126
SOUTH EAST	23
SOUTH WEST	19
Grand Total	306



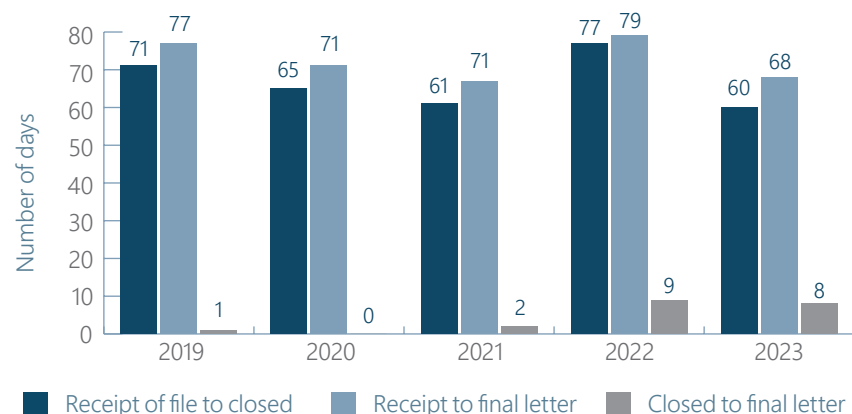
VOLUME & EFFICIENCY

Process Timeline: Days to close files

The Quality of Care Department has focused on process improvement to speed up the complaints process, improve flow, ensure compassionate regulation, and keep people informed. Efforts included a courtesy phone call to advise physician recipients that a complaint letter was on its way, and to explain to open the letters and act on them in a timely manner to avoid undue stress prior to opening the letters.

A courtesy phone call or email to individuals providing a complaint was made to acknowledge receipt of their complaint, within days of receiving the concern.

Days taken by the Quality of Care department to close files



Complainant Feedback:

"From beginning to end, the process was clearly articulated. The timelines for each step were also clear, and more importantly, adhered to."

"I searched for process online. Some uncertainty about process and validity of concern but was supported and reassured by staff. Excellent communication from staff."

PHYSICIAN EDUCATION

Although it is expected that all physicians are familiar with our policies and guidelines, this is not always the case.

Areas in which the Committee and Quality of Care department have educated numerous physicians, arising from complaints, include:

- Expectation for completing third party forms in a timely manner
- Expectation for the same standard of care (follow up, referral, reviewing tests) regardless of the care setting
- Ending a patient-physician relationship, acceptable indications and proper process
- Practice coverage and access
- Leaving or closing practice
- New patient acceptance criteria
- The importance of complete history, examination and differential diagnosis
- Availability for follow up care
- Documentation of informed consent discussions
- Documentation of the details of conflicts, confrontations or disagreements with patients
- Follow up of test results
- Communication with pharmacies

Feedback from participants in the education processes:

"I am very thankful to have had this opportunity to reflect and consider the elements of this visit, and it has had a knock-on effect in my subsequent practice. Although it was a stressful process, it was worthwhile, and I believe it will improve my patient care in the future."



"Thank you for your review. The additional recommendation and references will influence my clinical decision-making and practice in the future. I do recognize that my documentation could have been more detailed and will rectify that in the future."



Physician Discipline

While the discipline process is, by definition, focused on addressing complaints that physicians have conducted themselves unprofessionally, College staff have attempted to balance the primary need to ensure patient safety with a recognition that physicians have remained under considerable strain within a system that is challenged. In cases where it is appropriate within the parameters of *The Medical Profession Act, 1981* and the CPSS Regulatory Bylaws, the College has attempted to take a remedial approach.

This places the emphasis on physician self-reflection and education in order to maintain patient safety going forward. While of course general and specific deterrence and other relevant factors are also considered, and recognizing that in some cases the nature of the conduct does not permit a remedial approach, the CPSS Council and Executive Committee have continued to utilize alternative dispute resolution (ADR) to try to assist physicians in improving their skills and self-awareness in hopes that they will continue to provide excellent care to Saskatchewan patients in the future.

Alternative Dispute Resolution

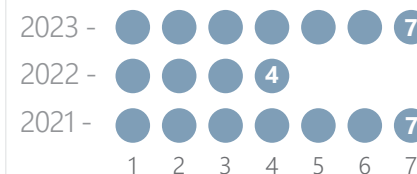
16 pre-charge ADR

7 post-charge ADR

In 2023, **16 complaints** were resolved by pre-charge ADR; **7 complaints** were resolved by post-charge ADR. In each of these, the physician provides an undertaking to the College that they will complete certain requirements within a designated timeframe. Requirements may include completing remedial courses in ethics, boundaries or medical record-keeping; providing an apology to the complainant; providing a written self-reflection; attending a meeting with the Registrar or their designate; or participating in a chart audit.

In any case where ADR is directed, the College monitors the physician's compliance with their undertaking to ensure all tasks are completed within the designated timeframe. This is a time-consuming process both for the physician and College staff, but it is gratifying when physicians exhibit reflection and self-insight and are able to improve their knowledge/skills/processes in order to facilitate better patient care going forward. The College has observed that ADR generally receives more genuine "buy-in" from physicians than does a penalty imposed following a hearing. In many cases, complainants are also satisfied with this remedial approach, as many of them approach the College with the primary concern that their experience not happen to anyone else.

Discipline matters resolved by post-charge alternative dispute resolution



The Discipline Complaints Process

PROCESS IMPROVEMENTS AND INCREASED ACCOUNTABILITY

The College has continued its efforts in 2023 to improve and streamline its discipline processes towards more timely resolution. Some of the steps taken in 2023 include:

- Formalizing the position of Hearing Administrator in bylaw 11.2, together with the process for prehearing conferences;
- More formalized accountability meetings within the legal team to facilitate timely progression of all discipline files;
- Continued efforts to establish work standards and templates to streamline discipline work, improve clarity and transparency in communications, and to ensure a consistent approach;
- Proceeding with the CPSS' first '**no contest' hearing**. This process is utilized frequently in Ontario discipline matters, where it is a codified option. It permits resolution of the discipline matter without requiring an admission of facts or charges that could be used against a physician in criminal or civil proceedings arising from the same circumstances. The process also has the benefit of proceeding based on affidavit evidence. As such, complainants typically do not have to testify and are not subject to cross-examination.

WHEN IS DISCIPLINE PUBLIC?

In the interests of transparency, charges of unprofessional conduct are published on the CPSS website as "Cases in Process." Once a physician admits or is found guilty of a charge, or if a post-charge alternative dispute resolution (ADR) is entered, the matter will be moved to

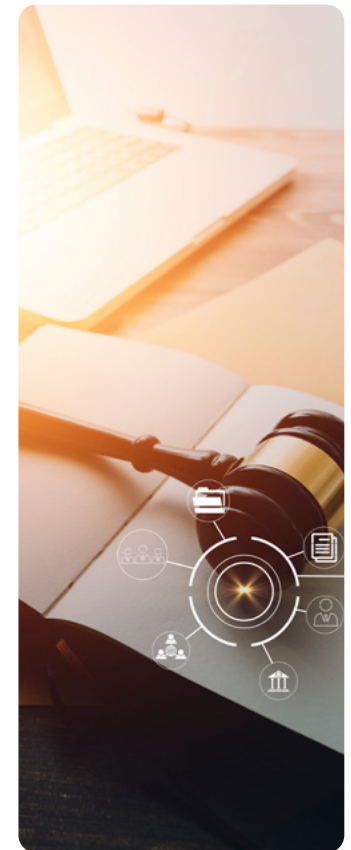
"Completed Cases." Once an item is completed, it remains published on the CPSS website indefinitely. The CPSS does not remove discipline matters from the website after a designated time period, as done by some other regulators.

The only situations in which a charge may be 'unpublished' is if the charge is **withdrawn** or the physician is found **not guilty** of the charge after a hearing. In that circumstance, the physician has the option of leaving it published with the "not guilty" finding, or having the charge removed from the website.

Other assistance provided by the College legal team

While College legal counsel do not provide personal legal advice to physicians, they regularly advise physicians on issues such as privacy, patient consent, record management, interpretation of College policies or bylaws, etc. In many cases, legal counsel provides a summary of their advice by email to the physician in order to assist in resolving the issue as may be appropriate.

College legal counsel also regularly present on legal and regulatory topics to medical students, residents, physicians enrolled in the Saskatchewan International Physicians Practice Assessment (SIPPA) program, and other practising physicians.



Top DISCIPLINE Trends in 2023



1) COMPLAINT COMPLEXITY

The trend for increased numbers and complexity of complaints continued in 2023. Similar to 2022, the College received multiple complaints against several individual physicians in 2023. These complaints have been submitted by physicians, other healthcare providers and patients, and have alleged a variety of concerns including a failure to maintain the standard of practice of the profession and inappropriate or unprofessional conduct or communication. These complex complaints have prompted the College to reflect on its discipline processes and to apply creativity and flexibility within the parameters of the legislation and bylaws in an effort to address these complaints in an effective and efficient manner. In all cases, the College remains focused on its patient safety mandate.



2) BREACH OF UNDERTAKING

The College has seen an increased number of charges alleging a breach of undertaking. In 2023, the Executive Committee laid 4 charges of unprofessional conduct arising from either a failure to comply with undertakings, or alternatively a failure to comply within the specified timeline. We suspect this trend is multi-factorial: a) the increased use of

ADR in discipline matter has resulted in increased numbers of undertakings; b) the increased complexity of some of these ADRs; and c) the general increased demand on physicians, in some cases resulting in them overlooking relevant timelines.



3) INCREASING NUMBER OF DISCIPLINE COMPLAINTS

The workload of the Executive Committee increased in 2023. The Executive Committee meets monthly to consider each discipline complaint and to direct the appropriate process. In addition, the Executive Committee considers whether interim restrictions or a suspension may be warranted for physicians in the discipline process.



4) JMPRC REFERRALS

The College continues to receive referrals from the Joint Medical Professional Review Committee (JMPRC) in relation to most of the cases it reviews each year. An increased number of those referrals have included allegations of altering medical records submitted to the JMPRC, and dishonesty relating to those altered records. These cases are resource-intensive to address and the College is considering whether process modifications may be possible.

Discipline in Numbers

ALLEGATIONS

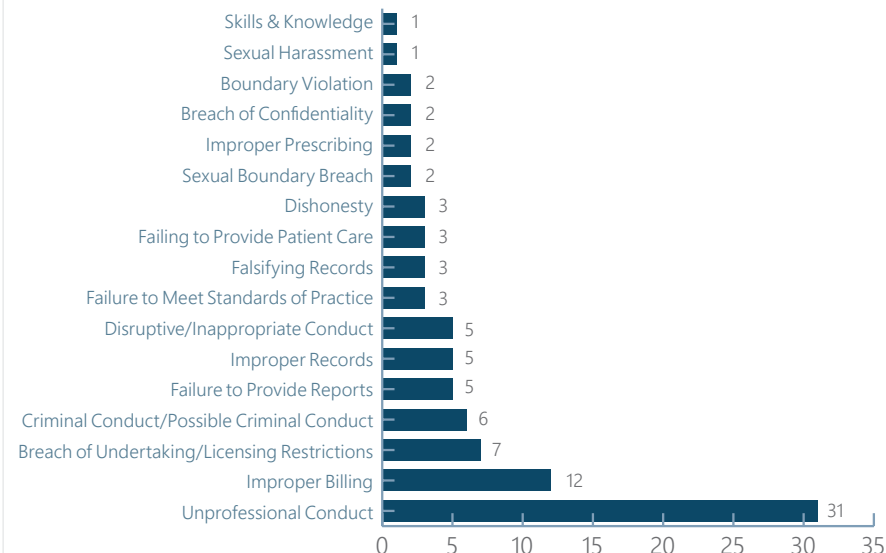
What did the discipline complaints allege in 2023?

Total discipline complaints – 93*

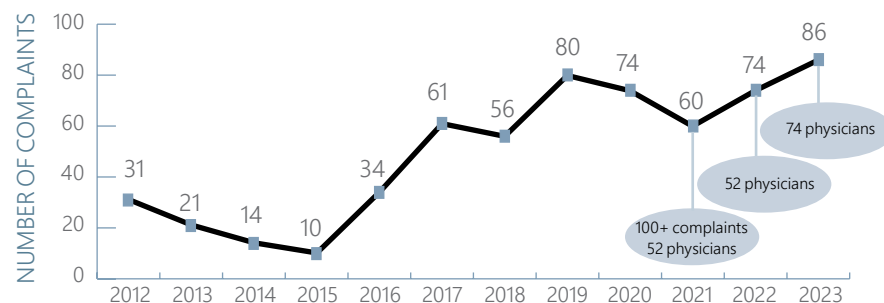
Each discipline file may include more than one complaint/allegation. This categorisation represents our best efforts to classify the most significant element of complaints. Many complaints raise more than one issue of concern. For example, several of the complaints above included concerns about inadequate medical records in addition to the primary issue of concern.

**some files may include one or more allegations*

Allegations | Number of Files Opened in 2023

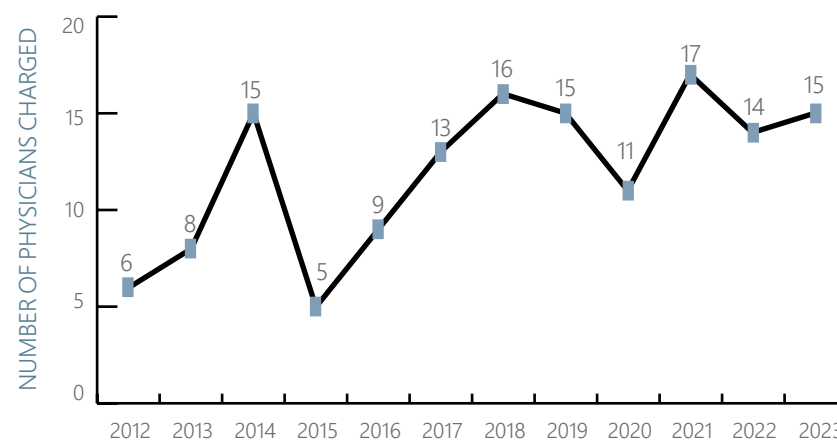


Number of Disciplinary Complaints



Number of Physicians Charged with Unprofessional Conduct

While some charges are summarized as a specific infraction, others are described as "unprofessional conduct." This is a broader category that may include charges relating to general unprofessional conduct, breaches of undertakings, failure to meet the standards of practice of the profession, improper medical record-keeping, improper billing, and falsifying records.



Court actions and appeals involving the CPSS

DR. SATYAM PATEL

Dr. Patel has sued the Saskatchewan Health Authority, among others, alleging a variety of forms of wrongdoing. That followed a decision of the discipline committee of the health authority which concluded that he had failed to provide appropriate care to patients. Dr. Patel brought an application to compel the College to provide certain documents to him. The application was to have been heard in September 2019 but was adjourned. The College will resist disclosure of the requested documents if the application is reactivated.

DR. JESSE LEONTOWICZ

Dr. Leontowicz appealed the decision of the discipline hearing committee which found that he had sexual intercourse with a woman without her consent and the resulting Council penalty decision. The appeal was heard in 2021. In early 2022, the Court of Queen's Bench (now King's Bench) quashed the decision of the discipline hearing committee and the charge of unprofessional conduct against Dr. Leontowicz was dismissed. The Registrar's Office successfully sought leave to appeal the decision to the Court of Appeal and the appeal was argued in early 2023. The Court issued its decision on the appeal in late September 2023. The Court of Appeal restored the decision of the discipline hearing committee that Dr. Leontowicz was guilty of unprofessional conduct, but found that the Council erred in its penalty and costs orders. They held that the appropriate remedy was to set the orders aside and remit the penalty and costs to the Council for reconsideration. Dr. Leontowicz appeared before the Council at the November 2023 meeting for a penalty hearing.

DR. ALI SOLGI

Dr. Solgi has sued the College and a College employee alleging that he was inappropriately suspended and denied a regular licence. The Court of Queen's Bench (now King's Bench) dismissed the claim. Dr. Solgi appealed that decision to the Saskatchewan Court of Appeal, and his appeal was allowed. Dr. Solgi's claim will proceed, and the College will defend the claim.

DR. OLADAYO OLADIPO

Dr. Oladipo has appealed the decision of the discipline hearing committee that he kissed a nurse on the cheek and tickled or attempted to tickle her, as well as the Council penalty decision. The Court of King's Bench dismissed Dr. Oladipo's appeal. Dr. Oladipo obtained leave to appeal the decision to the Court of Appeal, and the appeal was argued in early 2024. We await the Court's decision.

DR. ROBERT COLISTRO

Dr. Colistro has appealed the decision of the discipline hearing committee that he billed inappropriately, and failed in his obligation as a medical director of a diagnostic imaging facility to ensure the equipment was maintained every 6 months. He has also appealed the Council penalty decision. The appeal will be heard in late 2024.

DR. RAJNIKANT PATEL

Dr. Patel has brought an application to the Court of King's Bench for judicial review of the Registrar's decisions, upheld by the Executive Committee, to terminate Dr. Patel's permission to prescribe Opioid Agonist Therapy (OAT) and the refusal to reinstate permission unless he signs an undertaking and submits to a future practice audit. Despite the College's opposition, the Saskatchewan Medical Association (SMA) sought and was granted intervenor status on the judicial review application. College legal counsel argued the application on December 8, 2023. We await the Court's decision.



ENSURING Regulation & Guidance

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

Bylaw Development and Changes

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

During 2023, the Council adopted several changes to the College's [Regulatory Bylaws](#):

[Regulatory bylaw 2.3 – Requirements and Conditions Relating to All Forms of Licensure and Permits](#)

The Council adopted amendments to bylaw 2.3 to allow the Registrar to accept alternative proof of medical knowledge in addition to successful completion of the Medical Council of Canada Qualifying Examination Part 1 (MCCQE1) or the medical licensing examinations in the United States of America acceptable to the Council.

[Regulatory bylaw 2.4 – Requirements Relating to Regular Licensure](#) and [Regulatory bylaw 2.14 – Grant of Renewal of Licence or Permit in Extraordinary Circumstances](#)

The Council adopted amendments to bylaws 2.4 and 2.14 to allow Canadian-trained physicians who have lost eligibility to challenge the examinations of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada to apply to Council for a summative assessment. Bylaw 2.14 sets out the factors to be considered in determining whether a summative assessment will be granted, and what that assessment may include.

[Regulatory bylaw 2.8 – Ministerial Licensure](#)

Bylaw 2.8 establishes a process whereby physicians who would not otherwise be eligible for regular licensure can be issued a ministerial licence to work at the Saskatchewan Cancer Agency based upon a request from the Minister of Health. The bylaw imposes a sunset date for that process. The Council amended bylaw 2.8(c) to extend the sunset date for issuing ministerial licences until December 31, 2026.

[Regulatory bylaw 2.11 – Licensure for Purposes of Virtual Care](#)

In line with the anticipated amendments to the policy "The Practice of Telemedicine" (including a name change to "Virtual Care"), bylaw 2.11 "Licensure for Purposes of Telemedicine" was amended to replace references to 'telemedicine' with 'virtual care' throughout the bylaw. Similar amendments were also made in bylaw 3.1(d).

Regulatory bylaw 2.12 – Educational Licensure

The Council adopted amendments to bylaw 2.12 to provide a process for Council to approve “focused competency programs” offered by the College of Medicine, University of Saskatchewan, for the education of internationally trained physicians. The amended bylaw establishes criteria that must be met before a program can be approved by the Council; this includes an expectation that the program is intended solely to enhance the skills of internationally trained physicians who are entitled to practise medicine in their country of training to allow them to return to their country of training with enhanced skills. If a program is approved, the bylaw provides that eligible physicians may be granted educational licences to participate. This is not a pathway to provisional licensure in Saskatchewan and licensure is tied to enrolment in the focused competency program.

Regulatory bylaw 2.13.1 – Physician Assistants

Following the recent amendment of *The Medical Profession Act, 1981* to authorize licensure of physician assistants by the CPSS, the Council amended the regulatory bylaws to include bylaw 2.13.1 respecting the licensure of physician assistants. The bylaw details the requirements for licensure including the requirement to submit a practice description and a contract of supervision with a licensed physician, and also details the duties of a supervising physician.

Regulatory bylaw 2.15 – Eligibility to vote in Council elections and be elected to Council (RESCINDED)

The Council rescinded bylaw 2.15 as the matters addressed in that bylaw are now addressed in administrative bylaws 4.1 to 4.10 adopted by Council in September 2023. The changes to the administrative bylaws followed the May 2023 amendments to *The Medical Profession Act, 1981*,

which among other changes, repealed provisions directing the process for Council elections.

Regulatory bylaw 8.1 – Bylaws defining Unbecoming, Improper, Unprofessional or Discreditable Conduct

The Council adopted two amendments to bylaw 8.1 in 2023. The first was an amendment to the definition of the “standard of practice of the profession,” by adding the statement that a physician does not fail to maintain the standard of practice of the profession if there exists a responsible and competent body of professional opinion that supports the physician’s conduct or judgment.

After consultation with select organizational stakeholders, the Council adopted a second amendment to bylaw 8.1, adding bylaw 8.1(b)(xxiv) which defines as unprofessional conduct a physician’s failure to attend in person before Council, upon reasonable notice and without reasonable excuse, for the administration of a reprimand if directed by the Council President to do so.

Regulatory bylaw 9.1 - Conflict of Interest

The Council adopted amendments to bylaw 9.1 relating to conflicts of interest. The amendments include: 1) the expectation that physicians always act in the best interests of their patients; 2) the expectation that physicians will disclose possible conflicts of interest to their patients to allow their patients to make informed choices about their care; 3) a prohibition against physicians offering incentives to or receiving incentives from other healthcare practitioners for referrals; and 4) if the physician (or a member of the physician’s family) has a financial interest in any treatment or diagnostic facility, when referring a patient to the facility that patient must be made aware of the physician’s financial interest and alternatives to that treatment or diagnostic facility.

Regulatory bylaw 11.2 – Hearings before the Discipline Hearing Committee

The Council adopted amendments to bylaw 11.2 to establish the position of the hearing administrator (previously being piloted) as a permanent position. The bylaw establishes the process for prehearing conferences and the powers of the hearing administrator in facilitating those conferences. Related to this amendment were minor amendments to bylaw 15.1 to include the expenses of the hearing administrator and legal costs related to the prehearing conference as expenses that can be included in a costs order.

Regulatory bylaw 19.1 – Standards for Prescribing of Methadone or Buprenorphine for Opioid Use Disorder

The Council approved an amendment to bylaw 19.1 to modify the requirements for physicians to prescribe buprenorphine as a maintaining prescriber. Those physicians are encouraged to complete the recommended education but are no longer required to do so in order to be approved by the Registrar to prescribe buprenorphine as a maintaining prescriber. There were no changes to the requirements for physicians seeking to initiate prescribing of buprenorphine, or to those seeking to prescribe methadone.

Regulatory bylaw 23.3 – Delegation to Registered Nurses and Licensed Practical Nurses

The amendment to bylaw 23.3 was in conjunction with the adoption of bylaw 23.5, discussed below. The College of Registered Nurses of Saskatchewan (CRNS) has recognized a broader scope of practice for registered nurses (RNs) with the required training and experience to assess patients for eligibility to receive injections of bioactive agents and to provide those injections pursuant to a directive from a physician or nurse practitioner. As such, it was no longer appropriate for this to be addressed in the delegation bylaw (23.3). The Council amended bylaw 23.3 to remove this from the delegation bylaw and adopted bylaw 23.5.

Regulatory bylaw 23.5 – Providing Directives to Registered Nurses Authorizing the Injection of Bioactive Agents

As noted above, to align with the CRNS scope of practice for RNs with the appropriate training and experience, the Council adopted bylaw 23.5 establishing expectations of physicians who provide directives to RNs authorizing them to assess patients for eligibility to receive injections of bioactive agents and provide those injections. This bylaw is intended to ensure patient safety by requiring the physicians to exercise due diligence prior to providing a directive.

Regulatory bylaw 23.6 – Ordering or Supplying Bioactive Agents for Administration by Another Person

Recognizing that physicians are on occasion requested to order or supply bioactive agents to another individual for the purpose of that individual administering them to patients, the Council adopted bylaw 23.6 to establish expectations of physicians when doing so. This bylaw requires that the physician has the approved scope of practice to administer bioactive agents and to ensure that the individual for whom the physician is ordering/supplying bioactive agents has the appropriate scope of practice, has been properly authorized pursuant to bylaw 23.3 or has received a directive pursuant to bylaw 23.5.

Regulatory bylaw 26.1 – Operation of Non-Hospital Treatment Facilities in the Province of Saskatchewan

Council adopted an amendment to bylaw 26.1(f) to add five otolaryngological procedures which can only be performed in a non-hospital treatment facility (NHTF). In order to perform these procedures in an NHTF, the NHTF requires College approval.

Policies, Standards and Guidelines

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

These documents vary in terms of the CPSS expectations of physicians, as described on the CPSS website:

Standards

Standards are formal requirements established by the CPSS with which members must comply. They supplement the CPSS bylaws and mandate clinical and/or ethical standards in relation to defined areas of practice.

Policies

Policies contain requirements set by the Council of the CPSS to supplement the Act and Bylaws. Policies are formal positions of the CPSS in relation to defined areas of practice with which members must comply. The Council also sets policies on registration, administration, and governance of the CPSS.

Guidelines

Guidelines describe practices that are generally recommended by the Council of the CPSS as part of providing quality medical care in a professional manner. Physicians licensed with the CPSS are encouraged to follow these recommended courses of action and should exercise reasonable discretion in their decision-making based on this guidance.

All of the CPSS policies, standards and guidelines can be found on the CPSS website. The new and amended policies can be accessed on the right by clicking on each policy title below.

CHANGES IN 2023

N = New

U = Updated

R = Rescinded

STATUS	TYPE	DOCUMENT
U	Policy	CPSS Publications
U	Policies	MaiD (Medical Assistance in Dying) <ul style="list-style-type: none"> Patient's Death is NOT Reasonably Foreseeable Patient's Death is Reasonably Foreseeable
U	Policy	Medical Practice Observation / Experience
U	Guideline	Patients Who Threaten Harm to Themselves or Others
U	Guideline	Physician Use of Electronic Communications
N	Standard	Prescribing Benzodiazepines and Z-Drugs
U	Policy	Professional Responsibilities in Postgraduate and Undergraduate Education
R		Ultrasound for Non-medical Reasons
U	Policy	Uninsured Services
U	Policy	Virtual Care
U	Policy	Withdrawal of Physician Services during Job Action



IMPROVING Prescribing Practice



The **Prescription Review Program (PRP)** is Saskatchewan's educationally focused prescription monitoring 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 provincially designated panel of prescription medications with the potential for patient/community risk, misuse and diversion.



The **Opioid Agonist Therapy Program (OATP)** is administered by the CPSS on behalf of the Ministry of Health, Community Care Branch and is responsible for educating, monitoring, supporting, and recommending physicians for CPSS approval to prescribe opioid agonist therapy (OAT) for opioid use disorder.

A small team of clinical and administrative staff is responsible for both programs. The clinical staff provides pharmaceutical advice to physicians regarding patient care, collaborates with community pharmacists asking for clarification and/or support for prescriptions they are filling and supports the public in reporting possible misuse of medications.

Activities also include policy work, working with other CPSS departments such as Legal and Registration and providing prescribing data to key stakeholders as required.

Annual Reports for each program are available on the CPSS website:

[PRESCRIPTION REVIEW PROGRAM ANNUAL REPORT](#)

[OPIOID AGONIST THERAPY ANNUAL REPORT](#)

MANAGING Quality Assurance & Accreditation

Diagnostic Imaging Quality Assurance

The Diagnostic Imaging Quality Assurance (DIQA) Program performs peer reviews of diagnostic imaging physicians to assess their performance. When deficiencies are found in physician work, the DIQA provides comments and recommendations, and performs a second review to ensure physicians have made the recommended improvements.

THE ADVISORY COMMITTEE FOR MEDICAL IMAGING

The Advisory Committee for Medical Imaging (ACMI) serves as an advisory body to the Council of College of the College of Physicians and Surgeons of Saskatchewan as well as to the Saskatchewan Health Authority in matters related to the performance and quality assurance of medical imaging examinations.

The main activities of the ACMI are focused on quality assurance audits of imaging physicians. Additionally, the Program provides assessment of non-hospital diagnostic facilities providing third party/private-pay computed tomography and magnetic resonance imaging. The ACMI is also responsible for developing bylaws and guidelines for the performance of imaging studies.

Highlights of 2023



The ACMI met (virtually) four times during the 2023 calendar year.



We have seen an increase in community-based imaging clinics – ultrasound clinics and pain management.



Three facility assessments were conducted in 2023, at the request of the Ministry of Health, for licensure.

The ACMI has been reviewing/updating CPSS bylaw 25.1 - Operation of Diagnostic Imaging Facilities in the Province of Saskatchewan management to provide recommendations to the Council for possible amendments.



A retrospective review of mammography services was performed at one clinic.

Audits



Twenty radiologists were scheduled for audit in 2023.

The audits of 2 radiologists were not completed by year end and were carried forward to 2024.



All completed audits were found to be satisfactory.



Four echocardiography audits were performed.



All were satisfactory.



Two obstetrician/gynecologists were scheduled for review.



One of those was satisfactory; the other remained under review by the auditor at the end of the year.



Facility Assessments



Three facilities (1 CT; 1 MRI & 1 CT/MRI) were assessed as part of their re-licensing requirements with the Ministry of Health. This process included an on-site assessment and review of image quality. All three facilities were recommended for re-licensure by the ACMI.

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, 1994* and *Medical Laboratory Licensing Regulations, 1995*, the LQAP is responsible for the requirements and standards of Medical Laboratories in the Province.

LABORATORY ASSESSMENTS AND ACCREDITATION

The two main activities of the LQAP are laboratory assessments and monitoring of laboratory external quality assessment.

Those facilities holding a Medical Laboratory License are subject to assessment. All assessment findings are shared with the MOH.

Facilities are assessed on a four-year rotation. Assessments may occur prior to four-year rotation if the Program Management Committee (PMC) determines that evidence of compliance was not adequate.

The LQAP utilizes a peer review process with a goal to improve laboratory performance through objective education. Assessors evaluate a laboratory's compliance with the specific requirement of a standard based on objective observation and assessment.

Accreditation looks at compliance, emphasizing continuous quality improvement and promoting optimum performance. The program looks at policies, processes, and procedures to assess the safety and reliability of the service provided as well as the performance of the people involved, and the product produced.

A requirement of licensure is participation in an **external quality assessment (EQA) program** for all tests on the facility license.

The LQAP reviews all testing facilities' EQA reports and requires follow-up for the analytes that are unacceptable. The follow-up responses are reviewed by the respective discipline-specific quality assurance committees.

Highlights of 2023



The Quality Assurance committees met virtually four times during 2023.



The Program Management Committee (PMC) met three times in 2023.

Increased Point-of-Care Testing (POCT)

has been noted throughout the Province:

- Additional test added to the GeneXpert and Abbott ID
- Two pharmacies licensed for POCT.
- Three emergency POCT pilot projects.



One facility is providing biweekly updates on progress for a citation.



Most Saskatchewan Health Authority facilities are providing monthly updates on a POCT committee structure.

Assessments




38 onsite assessments included 4 large facilities that utilized 100% out-of-province assessors.



20 desk audits completed.

EXTERNAL QUALITY ASSESSMENT (EQA)

EQA subscriptions:

	Number	Subscriptions	Test Events	Deficiencies	Acceptable	Successful
Laboratory	404	2239	5087	689	4398	86.46%
Physician Office Laboratory (POL)	138	274	801	90	711	88.76%
TOTALS	542	2513	5888	779	5109	86.77%



Non-Hospital Treatment Facilities

ACCREDITATION

There are currently **16 facilities** operating under the Non-Hospital Treatment Facilities (NHTF) Program: **11 in Saskatoon, 4 in Regina, and 1 in Lloydminster.**

In 2023, **two new facilities** came online in Saskatoon: an ophthalmology clinic and an interventional pain clinic.

All facilities are fully approved with maintenance of the 3-year inspection cycle for the NHTF program.

STANDARDS DEVELOPMENT

New Cardiac Exercise Stress Testing Standards are being processed. Facilities performing such procedures will require future inspection and approval.

THE HEALTH FACILITIES CREDENTIALLING COMMITTEE

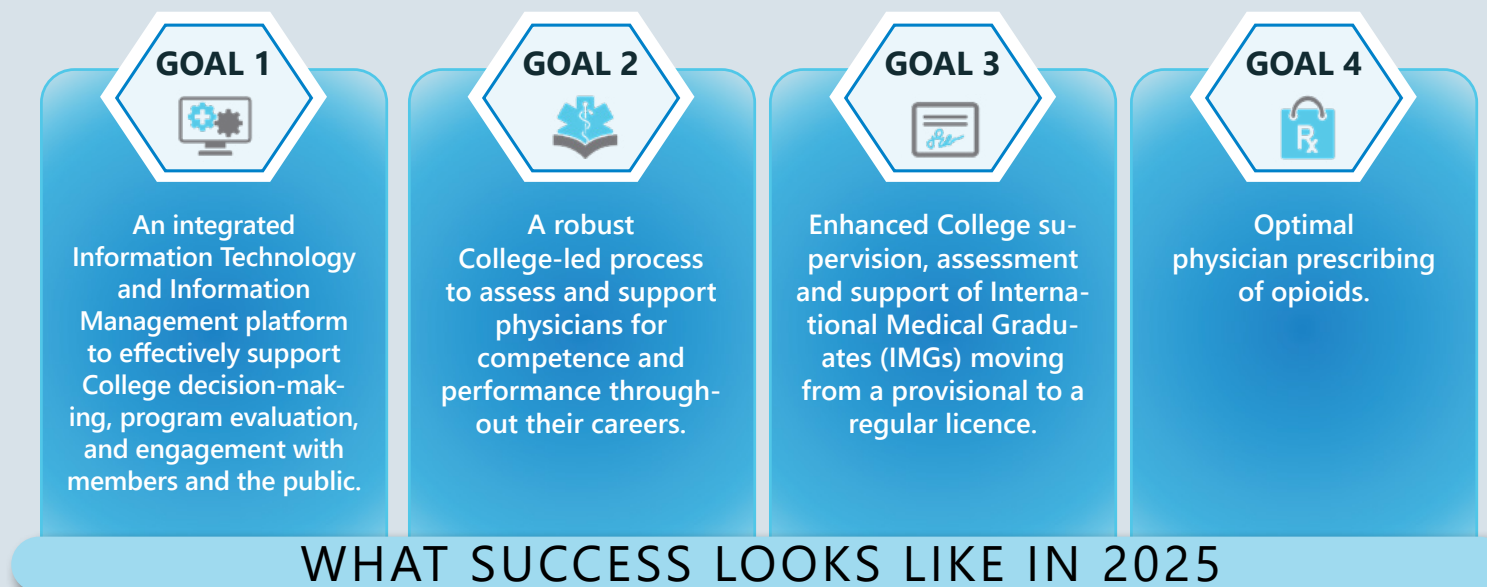
The Health Facilities Credentialling Committee meets at the call of the chair when issues requiring discussion arise. Cataract history (& physical requirements) and shoulder arthroplasties will be on the agenda for 2024.

Common issues amongst the provinces were discussed at the National NHTF meeting in October 2023. A special presentation on the Canadian Standards Association was featured, along with other significant topics which included facility standards, adverse events management, and ketamine use.



BUILDING for the future with strategic governance

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Strategic Plan 2020-2025

Where are we now?

The CPSS is at year 3 of its 5-year strategic plan, with many goals already achieved or well in progress.

Council and staff are already looking forward to painting the new canvas that will determine next strategic plan for 2025-2030.

GOAL 1

REGISTRATION RENEWAL PLATFORM

Continued efforts over the last 4 years to improve the functionality of the online renewal system resulted in with 91% of physicians who responded to a post-renewal poll reporting feeling satisfied or very satisfied with their overall experience using the online physician licensure renewal system in 2023.

Key improvements to the platforms were:

- Updated wording and notes to assist with questions.
- Ability to upload documents in additional areas.
- Easier ability to see if learning cycles have expired and to update new cycle dates.
- Ability to update and view corporation information.

WEBSITE REFRESH

In the third quarter of 2023, we unveiled our new logo and brand to the public, which has a more modern and simplistic design. Over the next year, we will continue to update older content to the new brand.

In conjunction with the launch of our new logo and brand, our dedicated staff, in close collaboration with developers and consultants, have been hard at work on a new website. This website, set to be easy to navigate, with an improved physician search, modernized design, and responsive interface, is a testament to our commitment to providing the best user experience. We are eagerly anticipating its official launch in the first quarter of 2024.

GOAL 2

COMPETENCE AND PERFORMANCE ASSESSMENTS

This goal aimed for the development of a robust process for ongoing competency through a physician's career, including competency assessments for the aging physician. An investigation into the Alberta model for ongoing competency assessment was carried out, however it has become clear that, in the absence of a sizeable capital fund (such as Alberta's Heritage fund), the College could not develop a similar program without incurring an unjustifiable fiscal commitment. The project has been put on hold at this time.

GOAL 3

INTERNATIONAL MEDICAL GRADUATE (IMG) ASSESSMENT

In January 2023, the SIPPA expansion project was successfully implemented. This expanded program enables the SIPPA program faculty to follow internationally trained family physicians from the start of their initial 12-week clinical field assessment and throughout their supervised practice period. These internationally trained family physicians now have continuity of receiving coaching, mentoring and supervision by qualified SIPPA faculty throughout their entire journey to achieving a regular licence in Saskatchewan.

Over the last 4 years, we have successfully seen a shift to more internationally trained family physicians coming through the SIPPA program are achieving their Canadian Certification with the College of Family Physicians of Canada (CFPC), as a means to achieving a regular licence (as noted on [page 15](#) above). This shift is signaling those internationally trained family physicians are feeling more prepared and confident to sit the Canadian certifying examination, which is considered the national standard to independent practice in Canada.

GOAL 4

OPTIMAL PRESCRIBING OF OPIOIDS

The Prescription Review Program (PRP) surveyed physicians to identify what information would assist in improving prescribing and to assess familiarity with current guidelines and best practice. Based on the survey responses, the PRP developed, implemented and hosted a four-part virtual educational series, offered free to all Saskatchewan physicians.

The Physician Snapshot, utilized as an internal screening tool by the PRP, was revised based on the Journal of Medical Regulation publication which provided a qualitative review of Saskatchewan physicians' opinions regarding their personalized prescriber profiles: [Saskatchewan Physicians' Opinions of Their Personalized Prescribing Profiles Related to Opioids, Benzodiazepines, Stimulants, and Gabapentin](#). Additionally, the SK Portrait was developed and implemented as a tool to prevent inappropriate opioid initiations. While the Council directed the PRP to provide all physicians with the reports, because of report automation restrictions and staff capacity limitations, the PRP elected to focus on a quality improvement pilot, providing top opioid initiating prescribers with their report, with the intent to provide ongoing report updates for measurement of potential report impacts.

The Prescribing: Access to PIP or the eHR Viewer Committee has reconvened to update the policy, considering mandatory medication profile review for PRP medications, with policy consultation feedback forthcoming in 2024.



Council & Committees

Council November Meeting, 2023

Members of Council 2023

Name	From	Profession	Position
Dr. Alan Beggs	Regina	Orthopaedic Surgery	President
Dr. Sarah Mueller	Saskatoon	General Surgery	Vice President
Dr. Boye Daniel Adeboye	Estevan	Family Medicine	Physician Member
Dr. Raviqubal (Rob) Basi	Saskatoon	Internal Medicine	Physician Member
Dr. Marilyn Baetz	Saskatoon	Dean, College of Medicine	College of Medicine
Ms. Indiana Best	Saskatoon	Medical Student	Student Observer
Mr. Lionel Chabot	North Battleford	Retired Former Vice President, PNRHA	Public Member
Dr. Mark Chapelski	Lloydminster	Family Medicine/Emergency	Physician Member
Ms. Carolyn Hlady	Saskatoon	Retired Police Officer	Public Member
Mr. Jeff Howlett	Saskatoon	Functional Planner, Saskatchewan Health Authority	Public Member
Dr. Olawale (Franklin) Igbekoyi	Rosetown	Family Medicine	Physician Member
Dr. Yusuf Kasim	Yorkton	Obstetrics/Gynecology	Physician Member
Dr. Sivaruban Kanagaratnam	Swift Current	General Surgery	Physician Member
Dr. Oladapo Mabadeje	Prince Albert	General Surgery	Physician Member
Dr. Jurgen Maslany	Regina	Anesthesia	Physician Member
Dr. Carmen Mircea	Prince Albert	Obstetrics/Gynecology	Physician Member
Dr. Pamela Meiers	Saskatoon	General Surgery	Physician Member
Mr. Burton O'Soup	Saskatoon	Mental Health Therapy / Manager, Mobile Career Assessment Unit, Saskatchewan Indian Institute of Technologies	Public Member
Mr. Femi Ogunrinde	Regina	Chartered Director, Business Administration & Geology	Public Member
Dr. Poogendren (Lenny) Pillay (Sept +)	Regina	Otolaryngology	Physician Member
Ms. Rachel Pinter	Saskatoon	Medical Student	Student Observer
Dr. Preston Smith	Saskatoon	Dean, College of Medicine	College of Medicine
Dr. Annamarie Snyman	Lloydminster	General Practice	Physician Member

Executive Committee

Dr. Alan Beggs	President
Dr. Sarah Mueller	Vice President
Dr. Olawale Franklin Igbekoyi	Member-at-Large – Physician Member
Mr. Lionel Chabot	Member-at-Large – Non-Physician Member
Ms. Carolyn Hlady	Member-at-Large – Non-Physician Member
Dr. Oladapo Mabadeje	Member-at-Large – Physician Member



Mr. Lionel Chabot, Public Member

Council-Appointed Committees

Advisory Committee on Medical Imaging (ACMI)

Dr. Christopher White (Chair)
 Dr. Don McIntosh
 Dr. Ian Waddell
 Dr. Tiffany Buglass
 Dr. Dalisizwe Mlungisi Kholisile Dewa
 Dr. Adriana Gourgaris
 Dr. Greg Kraushaar
 Ms. Bev Kellington
 Dr. Lara Wesson
 Ms. Kim Kulbida
 Dr. Abdulaziz Almgrahi (ad hoc)

Compensation and Benefits Review Committee

Mr. Femi Ogunrinde (Chair)
 Dr. Alan Beggs
 Dr. James Fritz
 Dr. Yusuf Kasim

Discipline Committee

Dr. Joan Baldwin (Chair)
 Dr. Annette Epp

Dr. Carol Norman
 Dr. David Johnston
 Dr. Chris Ekong
 Dr. James Stempien
 Dr. Oluremi Adefolarin
 Dr. Louis Coertze
 Dr. Ivelin Radevski
 Dr. Chris Almond
 Dr. Dimitri Louvish
 Dr. Dorie-Anna Dueck
 Ms. Alma Wiebe (Lawyer)
 Mr. Dan Shapiro (Lawyer)
 Dr. Mark Fowler
 Dr. James Carter
 Dr. Sharon Leibel
 Dr. Mahmood Beheshti
 Dr. Brady Bouchard
 Mr. Rob. Gibbings (Lawyer)
 Dr. Suzanne Meiers
 Dr. Omopelola Sotomi
 Mr. C. Boychuk (Lawyer)
 Dr. Melanie Orvold
 Ms. Dhvani Thakkar
 Dr. J.S. McMillan

Diversity & Bias Committee

Dr. Oladapo Mabadeje (Chair)
 Dr. Brian Brownbridge
 Dr. Olawale Franklin Igbekoyi
 Mr. Femi Ogunrinde
 Dr. Yusuf Kasim
 Mr. Burton O'Soup
 Dr. Yagan Pillay
 Dr. Poogendren (Lenny) Pillay
 Dr. Karen Shaw
 Ms. Rochelle Wempe

Expert Advisory Committee on Blood-Borne Communicable Diseases

Dr. Tania Diener
 Dr. Morris Markentin
 Dr. Mina Niazi
 Dr. Stephen Sanche

Finance & Audit Committee

Dr. Jurgan Maslany (Chair)
 Mr. Lionel Chabot
 Dr. Mark Chapelski
 Dr. Pierre Hanekom
 Dr. Suresh Kasset
 Dr. Oladapo Mabadeje
 Mr. Femi Ogunrinde

Health Facilities Credentialing Committee

Dr. Jeff Blushke (Chair)
 Dr. Gary Morris
 Dr. Syed Asif Ali
 Dr. Sarah Mueller
 Dr. Carmen Mircea

Legislative Review Committee

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

Nominating Committee

Dr. Alan Beggs (Chair)
 Dr. Yusuf Kasim
 Mr. Femi Ogunrinde
 Mr. Burton O'Soup
 Dr. Annamarie Snyman

Practice Enhancement Program Committee

Dr. Brian Laursen (Co-Chair)
 Dr. George Carson (Co-Chair)
 Dr. Karen Holfeld
 Dr. Yellepeddy Nataraj
 Dr. Ivelin Radevski
 Dr. Sinisa Zerajic

Quality of Care Advisory Committee

Dr. Johann Kriegler (Chair)
 Dr. M. Clark
 Dr. Jonathan Hey
 Ms. Tania Schroeder
 Ms. Patience Mabadeje
 Mr. Clark Byomen

Truth and Reconciliation Committee

Mr. Burton O'Soup (Chair)
 Ms. Tania Lafontaine
 Dr. Preston Smith
 Dr. Oladapo Mabadeje
 Dr. Karen Shaw
 Mr. Lionel Chabot
 Ms. Karon Shmon
 Dr. Grant Stoneham
 Ms. Caro Gareau
 Ms. Debra-Jane Wright

AD HOC COMMITTEES**CPSS Publications Advisory Committee**

Ms. Caro Gareau (Chair)
 Dr. Alan Beggs (ex officio)
 Dr. Grant Stoneham (ex officio)
 Mr. Lionel Chabot
 Mr. Femi Ogunrinde
 Dr. Werner Oberholzer
 Dr. Carmel Overli-Domes
 Ms. Joanna Alexander

Registration Committee

Dr. M. Chapelski (Chair)
 Dr. Boye Adeboye
 Dr. Oladapo Mabadeje
 Mr. Femi Ogunrinde
 Dr. Anurag Saxena
 Dr. Edward Tsoi

GOVERNANCE COMMITTEES**Patient Communication Committee**

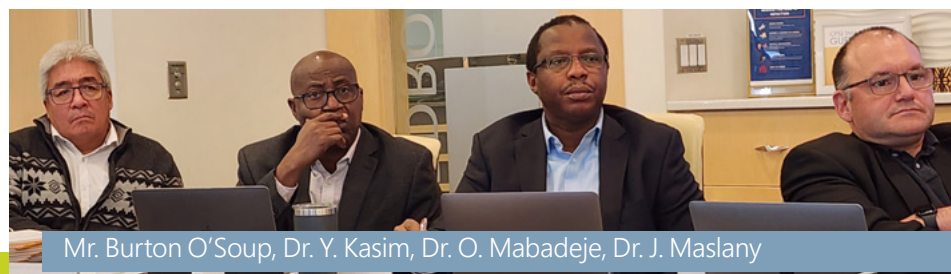
Ms. Sheila Torrance (Chair)
 Dr. Yusuf Kasim
 Dr. Yagan Pillay
 Mr. Lionel Chabot
 Ms. Caro Gareau
 Ms. Debra-Jane Wright

Physician Communication Committee

Ms. Rochelle Wempe (Chair)
 Dr. Brian Brownbridge
 Dr. Adegboyega Adewumi
 Dr. Mark Chapelski
 Ms. Caro Gareau
 Ms. Debra-Jane Wright

Informatics Committee

Dr. Alan Beggs (Chair)
 Dr. Sarah Mueller
 Dr. Karen Shaw
 Mr. Bryan Salte



Mr. Burton O'Soup, Dr. Y. Kasim, Dr. O. Mabadeje, Dr. J. Maslany

Council Representation to External Committees

Council appoints representatives to the following external committees in order to keep abreast of new developments and exchange key information.

University of Saskatchewan Senate	Dr. Pamela Meiers
University of Regina Senate	Mr. Femi Ogunrinde
Saskatchewan Prevention Institute	Dr. Mahli Brindamour



CULTIVATING new and existing partnerships

Cultural Safety, Diversity and Anti-Bias Initiatives 43

Cultural Safety, Diversity and Anti-Bias Initiatives

Better relationships and healthy interactions between patients and their medical practitioners lead to better patient outcomes. We are working to narrow the gap in the provision of services by reaching out to visible minorities for feedback and dialogue, encouraging the accommodation of cultural needs in healthcare settings and encouraging other diversity and anti-bias initiatives.



Diversity and Anti-Bias Collaborations

The focus of the Diversity and Bias committee of the CPSS in 2023 was primarily on education and training. A proposal for Unconscious Bias training for Members of Council and select CPSS committees received Council approval, with positive feedback received from the online sessions. All Council members completed the training, and it was resolved that new members must undertake the course upon joining, with a mandatory refresher every three years.

Additionally, Council endorsed one-hour sessions by Prairie Center for Racial Justice's for each of the five 2024 Council meetings. We plan to conduct a survey in November 2024 to gauge Council members' perspectives on the training.

Furthermore, in collaboration with the Saskatchewan Medical Association's Equity, Diversity and Inclusion (EDI) committee, we developed an anti-racism survey. All members of the College were invited to participate in the survey over a four-week period in October 2023. The results are currently under analysis, with the committee poised to present findings and recommendations to Council in June 2024.

Truth and Reconciliation

The Truth and Reconciliation Committee continues to work on its outreach efforts with First Nations and Métis groups in the province. The committee met in 2023 with the Federation of Sovereign Indigenous Nations (FSIN) during a meet and greet session to gain a better understanding of each organisation's roles and is planning to meet with additional groups in 2024. The committee's hope is that this work will potentially lead to partnership development with other First Nations organisations that have an interest in improving patient interactions within the Saskatchewan Health Care system.

The committee's goal is that, as this work continues to evolve, it will broaden the awareness of the work and role of the CPSS as a regulatory body as it moves to improve relations not only with the First Nations and Métis people but with all Saskatchewan residents.

First Nations and Inuit Health Branch (FNIHB) Funding

The CPSS and FNIHB have worked together since 2014 with a goal of addressing prescription drug misuse and abuse in First Nations communities. Most work traditionally revolved around the administration of projects jointly approved and funded through FNIHB funding. Two ongoing projects received continued funding in 2023-2024:

- Stepping Stones Wellness Clinic (Kamsack/Yorkton)
- Willow Cree Health Services Corp – Community Addiction Support Program

All other previously funded projects secured funding from alternate sources. The current period of agreement with FNIHB is winding down as of July 21, 2023.



BUILDING trust through financial transparency

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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 College), which comprise:

- the summary consolidated statement of financial position as at December 31, 2023
- the summary consolidated statement of revenue of expenses for the year then ended
- the summary consolidated statement of net assets 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, 2023 (audited financial statements).

In our opinion, the accompanying summary consolidated financial statements, are consistent in all material respects, with the audited financial statements, in accordance with the criteria disclosed 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 auditor's report thereon, therefore, is not a substitute for reading the College's audited 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 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 7, 2024.

Management's Responsibility for the Summary Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary consolidated financial statements are consistent in all material respects, with the audited 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 13, 2024

Summary Consolidated Statement of Financial Position

December 31, 2023, with comparative information for 2022

2023**2022**

ASSETS

Current assets:

Cash and cash equivalents	\$ 3,467,225	\$ 1,963,473
Short-term investments	5,340,754	7,310,709
Marketable securities	6,269,260	5,686,816
Accounts receivable	106,689	33,095
Prepaid expenses and deposits	273,489	309,694
Advances to Saskatchewan Prescription Review Program	3,784	-
Advances to First Nations and Inuit Health Branch Program	-	2,018
	15,461,201	15,305,805

Long-term investments	1,000,000	-
Property and equipment	4,386,748	4,382,191
	\$ 20,847,949	\$ 19,687,996

LIABILITIES AND NET ASSETS

Current liabilities:

Accounts payable and accrued liabilities	\$ 541,699	\$ 645,395
Deferred revenue	6,545,459	5,951,723
Due to Saskatchewan Prescription Review Program	-	18,648
Due to First Nations and Inuit Health Branch Program	2,650	-
	7,089,808	6,615,766

Employee future benefits	1,015,516	1,019,476
Net assets	12,742,625	12,052,754
	\$ 20,847,949	\$ 19,687,996

Summary Consolidated Statement of Revenue and Expenses

Year ended December 31, 2023, with comparative information for 2022	Budget (unaudited)	2023	2022
REVENUE:			
Physician licensure fees	\$ 6,523,000	\$ 6,623,762	\$ 6,335,937
Interest and investment income	190,000	498,129	255,825
Professional corporation fees	360,000	375,800	378,400
Certificates of professional conduct	100,000	99,795	104,200
Discipline recoveries	150,000	91,282	93,280
Saskatchewan International Physician Practice Assessment (SIPPA) registration funding	75,000	75,000	75,000
Medical Council of Canada National Registry of Physicians funding	-	37,794	-
Mailing list	18,000	18,070	18,800
Sundry	100	140	301
Laboratory Quality Assurance Program	617,350	591,174	531,068
Diagnostic Imaging Quality Assurance Program	177,055	182,231	169,555
Opioid Agonist Therapy Program	200,000	126,032	140,948
Non-hospital Treatment Facilities Program	110,000	130,154	120,716
	8,520,505	8,849,363	8,224,030
EXPENSES:			
Administrative	6,499,500	6,342,840	5,683,532
Office	406,000	394,234	369,530
Council	347,000	313,725	278,001
Committees	420,000	254,938	248,248
Contributions to Practice Enhancement Program	150,000	150,000	150,000
Contributions to Prescription Review Program	113,000	105,700	80,635
Meetings	85,000	62,201	37,188
External grants and sponsorships	50,000	36,900	9,590
Laboratory Quality Assurance Program	589,450	545,975	467,001
Diagnostic Imaging Quality Assurance Program	208,000	201,355	174,279
Opioid Agonist Therapy Program	200,000	126,032	140,948
Non-hospital Treatment Facilities Program	50,000	45,048	58,700
	9,117,950	8,578,948	7,697,652
Excess (deficiency) of revenue over expenses before the undernoted	(597,445)	270,415	526,378
Allocation from unrestricted net assets	597,445	-	-
Fair value adjustment on investments	-	419,528	(369,992)
Loss on disposal of property and equipment	-	(72)	-
Excess of revenue over expenses	\$ -	\$ 689,871	\$ 156,386

Summary Consolidated Statement of Net Assets

Year ended December 31, 2023,
with comparative information for 2022

	Invested in property and equipment	Unrestricted	2023	2022
Balance, beginning of year	\$ 4,382,191	\$ 7,670,563	\$ 12,052,754	\$ 11,896,368
Excess (deficiency) of revenue over expenses	(389,711)	1,079,582	689,871	156,386
Purchase of property and equipment	394,268	(394,268)	-	-
Additions to deferred capital contributions	(94,745)	94,745	-	-
Balance, end of year	\$ 4,292,003	\$ 8,450,622	\$ 12,742,625	\$ 12,052,754

Summary Consolidated Statement of Cash Flows

Year ended December 31, 2023, with comparative information for 2022

	2023	2022
Cash flows from (used in):		
Operations:		
Excess of revenue over expenses	\$ 689,871	\$ 156,386
Items not involving cash:		
Amortization	389,639	368,190
Fair value adjustment on investments	(419,528)	369,992
Employee future benefits	(3,960)	(9,217)
Reinvested investment income on marketable securities	(153,885)	(142,790)
Loss on disposal of property and equipment	72	-
	502,209	742,561
Change in non-cash operating working capital:		
Accounts receivable	(73,594)	14,952
Prepaid expenses and deposits	36,205	(74,794)
Advances to Saskatchewan Prescription Review Program	(22,432)	22,363
Advances to First Nations and Inuit Health Branch Program	4,668	(858)
Accounts payable and accrued liabilities	(103,696)	(137,801)
Deferred revenue	593,736	235,221
	937,096	801,644
Investing:		
Purchase of property and equipment	(394,268)	(138,429)
Net purchase and disposal of investments	960,924	(5,045,588)
	566,656	(5,184,017)
Increase (decrease) in cash and cash equivalents	1,503,752	(4,382,373)
Cash and cash equivalents, beginning of year	1,963,473	6,345,846
Cash and cash equivalents, end of year	\$ 3,467,225	\$ 1,963,473

Notes to Summary Consolidated Financial Statements

YEAR ENDED DECEMBER 31, 2023

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, 2023 and December 31, 2022 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:

- whether information in the summary consolidated financial statements is in agreement with the related information in the completed consolidated audited financial statements; and
- 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 accounting@cps.sk.ca.



GLOSSARY

GLOSSARY

of terms in this report

ACTIVE LICENSURE - Physician is registered on an active licence and is eligible to practice with this type of licence.

ALLEGATION - statement of formal claim or assertion that someone (in this context, a member of the CPSS) has done something wrong.

ALTERNATIVE DISPUTE RESOLUTION (ADR) – As defined in the CPSS policy of the same name, alternative dispute resolution (ADR) includes any method of resolving College disciplinary matters without proceeding to formal hearing or penalty hearing. It may include pre-charge or post-charge ADR.

DETERMINATION - Final decision made regarding a complaint case file.

INACTIVE LICENSURE - Physician is registered on an inactive licence and is not eligible to practice with this type of licence.

LAPSED ON REQUEST - Physician advised the CPSS that the licence should be permitted to lapse.

NO CONTEST HEARING - This is a process that permits resolution of a discipline matter without requiring an admission of facts or charges that that could be used against a physician in criminal or civil proceedings arising from the same circumstances. Typically, the hearing proceeds based on affidavit evidence; as such witnesses do not have to testify and are not subject to cross-examination.

OFF-CYCLE - A medical student or resident engaged in postgraduate training, who has had an interruption to their training schedule and may be on a different educational cycle than if they would have carried on without interruption.

PRE-LICENSURE ASSESSMENT (PLA) - A PLA is a 12-week assessment to determine a physician's skill, knowledge and suitability to enter into supervised practice.

PROVISIONAL LICENCE - Provisional licensure under Section 29 of The Medical Profession Act, 1981.

REGULAR LICENCE – A fully independent, unrestricted licence under Section 28 of *The Medical Profession Act, 1981*.

SPECIAL 30 (1) (2) (3) LICENCE - Special licence types issued under *The Medical Profession Act, 1981* as it existed until 2014.

SUMMATIVE ASSESSMENT – An evaluation held at the end of the minimum required period of supervised practice to determine if a physician has appropriate skill, knowledge or suitability to practise independently.

TIME-LIMITED LICENCE - A licence issued with a defined start and end date, often to provide short term coverage in Saskatchewan.

UNPROFESSIONAL CONDUCT - Unprofessional conduct is any conduct that is defined as “unbecoming, improper, unprofessional or discreditable conduct” in section 46 of *The Medical Profession Act, 1981* or in Regulatory Bylaw 8.1(b). It is conduct that is typically addressed through the CPSS discipline process.



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

College of Physicians and Surgeons of Saskatchewan | cps.sk.ca

