



# 2014

COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN



## Annual Report

# Table of Contents

<b>Mission, Vision and Values</b>	<b>3</b>
<b>Council 2014</b>	<b>4</b>
• A Message from the President (2014) and Registrar	
<b>Governance &amp; Strategic Planning</b>	<b>6</b>
1. Strategic Planning	6
2. Bylaws, Policies & Guidelines - Development & Changes	9
3. Council Committee Activities	10
4. Participation in national, provincial and local committees, strategies and initiatives	11
<b>Sectorial Reports</b>	<b>12</b>
1. Finance	12
2. Registration Services	18
• A Busy Year for 2014	18
• Impact of Bylaw Changes	18
• Membership	19
• Corporate	19
• SIPPA	20
• Assessments	20
• Revalidation	21
• Application for Medical Registration	21
3. Complaints	22
4. Discipline	25
5. Human Resources	30
6. Communications	31
7. Programs and Services	32
• Prescription Review Program	32
• Methadone Program	34
• Diagnostic Imaging Quality Assurance Program	34
• Laboratory Quality Assurance Program	36
• Non-Hospital Treatment Facilities	38
<b>What to Expect for 2015</b>	<b>39</b>

## Our **Mission** and Commitment to the People of Saskatchewan...

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



## Our **Vision** for a Preferred Future...

*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.

## Our **Values** which guide all our actions...

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

- **Integral** - acting in a fair, ethical and just manner.
- **Accountable** - performing in the best interest of the public while demonstrating effective stewardship to our membership.
- **Transparent** - being open, honest and forthright with information while recognizing limitations and constraints.
- **Progressive** - forward thinking, innovative, while responding to the changing environment and being an effective force for change.
- **Collaborative** - working effectively with partners and other organizations to achieve desired outcomes.
- **Service Oriented** - engaging others in a respectful, courteous, timely and responsive manner.



Dr. Mark Chapelski  
President



Dr. Karen Shaw  
Registrar & CEO

## A MESSAGE FROM THE PRESIDENT & THE REGISTRAR

The practice of medicine is a privilege not a right; the same can be said about our ability to exercise professionally led regulation. The College must serve to protect the public. We must set standards of practice and professional conduct for Saskatchewan physicians and ensure the standards are met. Professionally-led regulation requires us to involve physicians but more importantly to involve members of the public; this occurs on our Council and some committees.

This last year has been a year of change. We sought legislative changes to **The Medical Profession Act** which allowed us to move the types of licenses from the Act to bylaw. This amendment resulted in the development of new Registration bylaws and the opportunity to align with national standards.

Another amendment to the Act provided us the authority to make a bylaw to allow delegation from a physician to a nurse. This bylaw supports the nurses to work to their full scope of practice but also allows the flexibility to provide certain aspects of medical care deemed to be “medical acts”, to be provided safely by nurses through delegation between the physician and the nurse.

A lot of work has been accomplished through the collaborative efforts of agencies and our members. We are working towards adopting a western Canada approach to common laboratory standards and the sharing of processes, tools and assessors. We also worked on adopting and adapting new standards and guidelines for Methadone.

We consulted widely on policies of interest to the public and the profession.

As we look forward we know we will be focusing on the Supreme Court’s decision about Physician Assisted Death. This will require input from the public, the profession and other stakeholders and a great deal of work to develop a policy that respects the law, while balancing the rights of patients to exercise what is legally permissible and the rights of physicians to exercise a conscientious objection.

We will continue to collaborate with our fellow regulators, sister colleges and the public and the profession on issues of mutual interest that ultimately serve to protect the public.



## COUNCIL AND SENIOR STAFF 2014

Back Row: (L-R): Ms. S. Robinson, Dr. E. Tsoi, Dr. D. Glaeske, Dr. S. Kasset, Dr. D. Poulin, Ms. J. Alexander, Dr. A. Muller, Dr. J. Carter, Dr. K. Shaw, Mr. B. Salte, Dr. T. Maholtra, Mr. G. Mitchell, Dr. D. Johnson, Mr. R. Harder, Dr. G. Stoneham, Mr. D. Hager, Ms. B. Porter.  
 Front Row: (L-R): Dr. A. Beggs, Mr. M. de la Gorgendière, Dr. M. Chapelski - President, Ms. S. Halland, Dr. O. Oduntan, Dr. P. Hanekom, Dr. F. Olatunbosun

### Executive committee

Dr. Mark Chapelski  
 Dr. Pierre Hanekom  
 Dr. Suresh Kasset  
 Mr. Graeme Mitchell  
 Dr. Grant Stoneham

President  
 Vice President  
 Member at large  
 Member at large  
 Member at large

### Council Members

Ms. Joanna Alexander  
 Dr. Alan Beggs  
 D. James Carter  
 Dr. Mark Chapelski  
 Mr. Marcel de la Gorgendière, QC  
 Dr. Daniel Glaeske  
 Mr. Drew Hager  
 Ms. Susan Halland  
 Dr. Pierre Hanekom  
 Mr. Ron Harder  
 Dr. Dan Johnson  
 Dr. Suresh Kasset  
 Dr. Tilak Malhotra  
 Dr. Andries Muller  
 Dr. Oluwole Oduntan  
 Mr. Ken Smith  
 Dr. Preston Smith  
 Dr. Grant Stoneham  
 Dr. Edward Tsoi

Regina  
 Regina  
 Regina  
 Lloydminster  
 Saskatoon  
 Assiniboia  
 Saskatoon  
 Air Ronge  
 Melfort  
 Moose Jaw  
 Kindersley  
 Herbert  
 Prince Albert  
 Saskatoon  
 Yorkton  
 Saskatoon  
 Saskatoon  
 Saskatoon  
 Estevan

Public Member  
 Orthopedic Surgery  
 General Surgery  
 Family Medicine  
 Public Member  
 General Practice  
 Observer SMSS  
 Public Member  
 General Practice  
 Public Member  
 Family Medicine  
 General Practice  
 Pediatrics  
 Family Medicine  
 General Practice  
 Public Member  
 College of Medicine  
 Diagnostic Radiology  
 Family Medicine

## STRATEGIC PLANNING 2014-2019

The Council of the College worked hard through 2014 to develop a strategic plan which would help govern its direction towards maximizing efficiency and customer satisfaction through to 2019.



### OPTIMIZE PRACTICE EXCELLENCE

#### CUSTOMER VALUE

**Objective C1**  
Improve Appropriate Assessment of Physicians for Entry to Practice

#### INDICATORS

Physicians (family physicians and specialists) are competent to practice at the time of licensure. This includes the pre-licensure assessment and progression through the licensure process until a permanent license is achieved.

**Objective C2**  
Enhance Competency Throughout the Career Life Cycle (Revalidation)

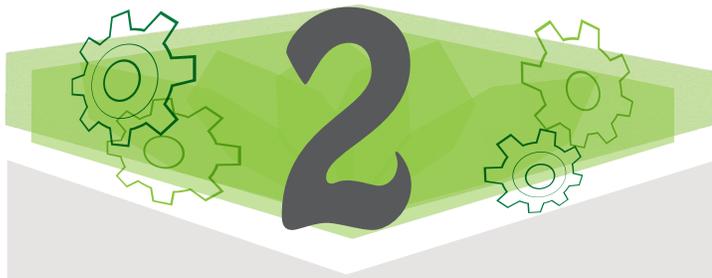
Physicians demonstrate evidence of continuing medical education to maintain and enhance competence. Physicians access programs to upgrade skills and knowledge or where they have been de-skilled. Physicians maintain their skills and knowledge and are up to date.

**Objective C3**  
Increase Compliance of Physicians Working Within their Current Skills and Knowledge

Physicians appropriately limit their practice to areas where they have skills and knowledge. Physicians are not doing practice they are not currently skilled to do.

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

Practice guidelines regarding issues of concern are available to SK practising physicians, RHAs, and the public in a timely fashion. Consultation and communication regarding practice standards is improved.



## ENHANCE AWARENESS AND TRUST OF THE COLLEGE

### IMPROVED PROCESSES

### INDICATORS

**Objective I1**  
Improve Internal Effectiveness and Efficiency Processes

Processes are in place to support the most efficient and effective operational functioning of CPSS e.g. data management. Lean methods are used to minimize waste and incorporate more efficient processes. There is improvement of the timeliness of the operational processes and information sharing at CPSS. All operational processes have defined standard processes or work.

**Objective I2**  
Ensure all Bylaws are Current and Relevant

Bylaws are current and relevant. There is an ongoing annual review of existing Bylaws and updates completed as necessary.

**Objective I3**  
Strengthen Customer Service

CPSS provides customers timely responses that are appropriate and correct following due consideration of the issues, with an approach or manner that is professional and acceptable/satisfactory to the customer. Customers may include public, members, and partners.

**Objective I4**  
Improve Communication with External Partners and Stakeholders (External)

CPSS has a communication strategy using a variety of tools and methodology to improve external relations/engagement. The strategy includes communication methods to the physician, public, RHAs, Government, other regulatory bodies, agencies e.g. Saskdocs, SMA, College of Medicine.

**Objective I5**  
Enhance Branding to Foster Understanding of Identity and Purpose

There is reduced confusion within the public in regards to the role and mandate of CPSS. CPSS is differentiated from other organizations such as SMA, CoM etc. CPSS has Improved their image as a credible organization. There is a better understanding within RHAs and physicians of the mandate and core services of CPSS.



## OPTIMIZE OPERATIONAL EXCELLENCE

### ENABLED PEOPLE AND LEADERSHIP

### INDICATORS

**Objective P1**  
Improve Alignment of Staff with CPSS Priorities

Staff know how their jobs align with or is linked with the strategic plan. There is an operational plan aligned with the strategic plan that spells out unit/individual responsibilities. Staff have conversations with supervisors regarding their work plan with follow-up regarding outcomes at the end of the year.

**Objective P2**  
Enhance Personnel Development

The right people with the right qualifications are selected for CPSS positions and oriented appropriately to CPSS. CPSS staff have the skills to do their jobs, receive the training they need to augment their skills and receive regular feedback and appraisals on how well they are performing in their job.

**Objective P3**  
Improve Work-Life Harmony for Staff

There are appropriate workloads for CPSS staff. The staff's home life is not compromised by the time and energy that the job consumes at CPSS. The CPSS work environment is stimulating and satisfying. Staff have opportunities to give back to the community.

**Objective P4**  
Enhance Council Governance Practices

*\* under review*

### RESOURCE STEWARDSHIP

### INDICATORS

**Objective R1**  
Strengthen Cost Recovery for Services Provided to Physicians

The price of the services charged directly to physicians matches the cost to organization. E.g. certificates of standing, professional corporations, etc.

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

External service contracts are funded at cost recovery. Contracts are adjusted for inflation/cost of living, administrative costs and for service volumes/demand. Contracts are renewed in a timely fashion. Contracts have a wind down clause to protect employees who may lose employment at the end of a contract.

**Objective R3**  
Maximize Facility Utilization in the Least Disruptive Way

CPSS has clarified the timeframes and planning for the move to the new location. CPSS moves to the new location within 3-years with minimal disruption of service and financial hardship.

# BYLAWS, POLICIES & GUIDELINES DEVELOPMENT & CHANGES

Physicians are encouraged to review the regulatory bylaws, guidelines and policies which are published on the College website.

In 2014, the College's regulatory bylaws were amended to:

1. Change the requirements for a physician to become licensed. This has been a major undertaking by the College, and brings the College's registration bylaws generally in alignment with the registration bylaws in other provinces. In order to do that the legislation, **The Medical Profession Act, 1981**, was amended to authorize new registration bylaws and remove some of the restrictions in the Act on the types of licences and the requirements for those licences. (Bylaws 2.1 - 2.19)
2. Authorize the College to recover the administrative costs which it incurs in dealing with physicians who have failed to meet the requirements of MainPro or Maintenance of Certification. (Bylaw 5.1)
3. Allow physicians who work in travel clinics to authorize nurses to complete prescriptions for travel medications based upon the nurse's discussion with the physician. (Bylaw 8.1)
4. Establish new standards, consistent with the national agreement among Colleges of Physicians and Surgeons, for the content of certificates of professional conduct which are sent to other Colleges where the physician seeks licensure. (Bylaw 37.1)
5. Clarify that patient records are to be kept in the English language. (Bylaw 23.1)

**Administrative bylaws** address matters internal to the College such as constitution of committees, fees charged and election procedures.

**Regulatory bylaws** address matters such as licensing requirements, what forms of conduct are unprofessional, and standards that physicians must meet while practising in Saskatchewan.

# COUNCIL COMMITTEE ACTIVITIES

## ADVISORY COMMITTEE ON MEDICAL IMAGING (ACMI)

The ACMI has developed Standards of practice for Medical Imaging in the areas of General Ultrasound, Obstetrical Ultrasound, Computed Tomography (CT), Bone Densitometry, Interventional Radiology, Magnetic Resonance Imaging (MRI) and Nuclear Medicine. The “Echocardiography Standards of Canada” have been adopted for echocardiography practice.

Please refer to Page 36 for more details of this committee’s achievements in 2014.

## COMMITTEE ON FAMILY PRACTITIONER INTERPRETATION OF ELECTROCARDIOGRAMS

The Committee is responsible for the development, review, and grading of the E.C.G. Examination and to assess physicians who wish to demonstrate their competence to interpret electrocardiograms.

In 2014, twenty three physicians wrote the ECG examination.

## COMPLAINTS RESOLUTION ADVISORY COMMITTEE

This committee’s responsibility is to receive, investigate and, if possible, resolve complaints regarding the conduct of physicians, also to investigate and study matters relating to morbidity, mortality or the cause, prevention, treatment or incidence of disease.

Please refer to Page 22 for more details of this committee’s achievements in 2014.

## FINANCE COMMITTEE

The Finance Committee is established to ensure responsible management of the affairs and finances of the College.

The Finance committee met in August, 2014, to review the June 30, 2014 financial statements and the Draft Budget for 2015. The committee recommended to Council the annual fee which would be required to accomplish the strategic plans reflected in the budget.

## HEALTH CARE FACILITIES CREDENTIALING COMMITTEE

The primary activity of the committee is to review the training and experience of physicians who seek to work in private non-hospital treatment facilities and provide a recommendation whether the physician should be privileged to do so. Additionally, the committee is available, at the request of a Regional Health Authority, to provide recommendations whether a physician should be granted specific Level 2 or 3 privileges. Also to review a facility that is applying for recognition under the Non-Hospital Surgical Facilities Bylaw of the College.

In 2014 two non hospital treatment facilities in the province were re-inspected.

## NOMINATING COMMITTEE

The primary function of the Nominating Committee is to recommend to the Council appointments to any of the Committees provided for in the Act or the Bylaws.

In 2014 the Nominating Committee made such recommendations for two appointments to The Complaints Resolution Advisory Committee and one appointment to the Discipline Committee.

## LEGISLATIVE REVIEW COMMITTEE

The Legislative Review Committee only meets when the Council or the Registrar asks the committee to address a specific issue.

The Legislative Review Committee has three primary functions:

- 1) When asked by Council to do so, recommend possible changes to The Medical Profession Act, 1981 or other legislation which is in the interests of the College;
- 2) When asked by Council to do so, review College bylaws and recommend possible changes to the Council;
- 3) When asked by the Registrar to do so, review requests from government to comment on possible changes to bylaws or legislation of another regulatory body and provide recommendations to the Registrar or the Council

There were no such requests during the past year, so the committee did not meet.

# PARTICIPATION IN NATIONAL, PROVINCIAL AND LOCAL COMMITTEES, STRATEGIES AND INITIATIVES

## NATIONAL

- Federation of Medical Regulatory Authorities of Canada (FMRAC)
  - Board of Directors
  - Special Interest Groups
    - e-Health
    - IT Directors
    - Legal Counsel
    - Physician Health
    - Registration
    - Complaints/Investigations
    - Finance
    - Information Management
    - Assessor and Assessment
    - Prescription Monitoring Program
  - **Other subcommittees**
    - Prescribing Practices Forum
    - Registration Working Group
    - FMRAC Integrated Risk Management System (FIRMS) Subcommittee
    - Working Group on Assisted Dying
- Medical Council of Canada (MCC)
  - Board of Directors
  - Executive Committee
  - Legislative Review Committee
  - AGM Planning Committee
  - Appeals Working Group
- National Assessment Collaboration - Practice Ready Assessment (NAC-PRA) (MCC/FMRAC project)
  - Psychiatry
  - General Internal Medicine (GIM)
  - Family Medicine
- Physician Achievement Review (PAR)
- Application for Medical Registration Advisory Committee (AMR)
  - Tech Committee
- Canadian Bar Association (CBA)
  - National Resolutions Committee
  - Saskatchewan Branch CBA Council
- Western Canada Diagnostic Accreditation Alliance (WCDA)
- Canadian Community Epidemiology Network on Drug Use (CCENDU) (Provincial Coordination)

- National Faculty for the Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-cancer Pain (National Pain Centre (McMaster University))
- National Advisory Council for Canadian Drug Strategy (First Do No Harm) at the Canadian Centre for Substance Abuse (CCSA)
- Western Registrars (WR)
- Inter-Provincial Labour Mobility Initiative (ILMI)
- Foreign Credential Recognition Program (FCRP)

## PROVINCIAL

- Network of Inter Regulatory Organisations (NIRO)
- Senior Medical Officers Meeting (SMO)
- Physician Resource Planning Committee (Ministry of Health)
- 3S Health Initiative
  - Medical Laboratory Services
  - Medical Imaging
- Saskatchewan International Physician Practice Assessment (SIPPA) Working Group
- SIPPA Advisory Committee
- U of S Investigation Committee
- College of Medicine Alumni Board
- Health Canada Prescription Drug Initiative in partnership with First Nations and Inuit Health Branch (FNIHB)
- Practice Enhancement Program Committee (PEP)
- Joint Medical Professional Review Committee
- Emergency Department Waits and Patient Flow Initiative - Provincial Stakeholders Advisory Group (ED-PSAG)
- Rural Physician Stabilization Oversight Committee

## LOCAL

- Saskatoon Health Region (SHR)
  - City Wide Meeting
  - Town Hall Meeting

## FINANCE



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### REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL STATEMENTS

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

The accompanying summary consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan which comprise the summary consolidated statement of financial position as at December 31, 2014, and the summary statements of revenue and expenses, surplus and cash flows for the year then ended are derived from the audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, of the College of Physicians and Surgeons of Saskatchewan as at December 31, 2014.

We expressed an unmodified audit opinion on those financial statements in our report dated June 19, 2015.

The summary consolidated financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan. Reading the summary consolidated financial statements, therefore, is not a substitute for reading the audited consolidated financial statement of the College of Physicians and Surgeons of Saskatchewan.

#### Management's Responsibility for the Summarized Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with the basis described in the notes to the summary consolidated financial statements.

#### Auditors' Responsibility

Our responsibility is to express an opinion on the summary consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

#### Opinion

In our opinion, the summary consolidated financial statements derived from the audited consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan as at and for the year ended December 31, 2014 are a fair summary of those consolidated financial statements, in accordance with the basis described in the notes to the summary consolidated financial statements.

Chartered Accountants

June 19, 2015  
Saskatoon, Canada

## Summary Consolidated Statement of Financial Position

December 31, 2014, with comparative information for 2013

	2014	2013
<b>ASSETS</b>		
<b>Current assets:</b>		
Cash and cash equivalents	\$ 6,954,710	6,775,137
Short-term investments	49,891	3,303,697
Marketable securities	1,202,639	1,119,501
Accounts receivable	501,915	83,674
Prepaid expenses and deposits	91,670	126,745
	<b>8,800,825</b>	<b>11,408,754</b>
<b>Property and equipment (note 5)</b>	4,427,679	2,531,509
	<b>\$ 13,228,504</b>	<b>13,940,263</b>
<b>LIABILITIES AND SURPLUS</b>		
<b>Current liabilities:</b>		
Accounts payable and accrued liabilities	\$ 789,437	2,737,127
Deferred revenue - membership fees	3,968,600	3,599,375
Deferred revenue - grants	-	94,553
Administrated funds	206,153	224,854
	<b>4,964,190</b>	<b>6,655,909</b>
<b>Employee future benefits</b>	<b>875,577</b>	<b>877,447</b>
<b>Surplus</b>	<b>7,388,737</b>	<b>6,406,907</b>
	<b>\$ 13,228,504</b>	<b>13,940,263</b>

**Consolidated Statement of Revenue and Expenses**  
 Year ended December 31, 2014, with comparative information for 2013

	<b>Budget (unaudited)</b>	<b>2014</b>	<b>2013</b>
<b>REVENUE:</b>			
Annual fees	\$ 3,704,225	4,036,600	3,603,735
Laboratory Quality Assurance	364,373	435,732	366,478
Professional incorporation fees	230,000	287,950	265,000
Temporary permits	180,000	157,700	202,945
Imaging Quality Assurance	157,355	156,538	124,800
Registration fees	80,000	118,500	102,400
Credentials assessment	70,000	106,400	105,085
Investment income	54,000	105,770	102,805
Non-hospital surgical facility fees	51,600	80,922	122,947
Notary fees and certificates	70,000	73,310	67,280
Mailing list	20,000	55,460	52,468
Student registration	40,500	54,450	52,930
Summative Assessment	-	45,685	43,364
Discipline committee assessed costs recovery	-	29,957	15,621
Sundry	2,000	3,931	20,022
	<b>5,024,053</b>	<b>5,748,905</b>	<b>5,247,880</b>
<b>EXPENSES:</b>			
Administrative	\$ 3,293,420	3,239,070	2,935,200
Laboratory Quality Assurance	364,373	426,132	361,023
Office	382,742	279,243	251,718
Council and meetings	363,000	250,790	230,873
Committee	261,100	235,022	218,802
Imaging Quality Assurance	157,355	140,231	136,453
Amortization on equipment	89,000	98,763	96,642
Share of office building company operating expense	-	37,305	28,299
Saskatchewan International Practice Agreement Program Candidates summative assessment	15,000	30,914	51,626
Directors and officers liability insurance	29,500	29,711	23,685
Non-hospital surgical facility	30,000	26,740	58,819
Liaison with joint committees	16,000	7,156	13,660
Grants to external agencies	4,000	6,914	9,500
Annual meeting	6,000	3,894	5,364
Other	9,200	4,709	19,590
	<b>5,020,690</b>	<b>4,816,594</b>	<b>4,441,257</b>
<b>Excess of revenue over expenses before the undernoted</b>	<b>3,363</b>	<b>932,311</b>	<b>806,623</b>
<b>Fair value of revenue over expenses</b>	<b>-</b>	<b>49,519</b>	<b>166,333</b>
<b>Excess of revenue over expenses</b>	<b>3,363</b>	<b>981,830</b>	<b>972,956</b>

## Summary Consolidated Statement of Surplus

Year ended December 31, 2014, with comparative information for 2013

		Invested in property and equipment	Unrestricted	2014	2013
Balance, beginning of year	\$	2,561,509	3,875,398	6,406,907	5,433,951
Excess (deficiency) of revenue over expenses	\$	(109,486)	1,091,316	981,830	972,956
<b>Purchase of property and equipment</b>		2,005,656	(2,005,656)	-	-
	\$	<b>4,427,679</b>	<b>2,961,058</b>	<b>7,388,737</b>	<b>6,406,907</b>

**Summary Consolidated Statement of Cash Flows**  
 Year ended December 31, 2014, with comparative information for 2013

	2014	2013
<b>Cash flows from (used in):</b>		
<b>Operations</b>		
Excess of revenue over expenses	\$ 981,830	972,956
Items not involving cash		
Amortization	109,486	97,837
Market value adjustments on investments	(49,519)	(166,333)
Employee future benefits	(1,870)	(886)
Reinvested investment income on marketable securities	(33,619)	(14,985)
	<b>1,006,308</b>	<b>888,589</b>
<b>Change in non-cash operating working capital:</b>		
Accounts receivable	(418,241)	53,991
Prepaid expenses and deposits	18,664	(74,705)
Accounts payable and accrued liabilities	(1,947,690)	2,388,561
Deferred revenue - membership fees	369,225	372,390
Deferred revenue - grants	(94,553)	94,553
	<b>(1,066,287)</b>	<b>3,723,379</b>
<b>Financing:</b>		
Advances to Programs	16,411	33,119
Administrated funds	(18,701)	4,942
	<b>(2,290)</b>	<b>38,061</b>
<b>Investing:</b>		
Purchase of property and equipment	(2,005,656)	(2,584,034)
Decrease in short-term investments and marketable securities	3,253,806	1,048,543
	<b>1,248,150</b>	<b>(1,535,491)</b>
<b>Increase in cash</b>	<b>179,573</b>	<b>2,225,949</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>\$ 6,775,137</b>	<b>4,549,188</b>
<b>Excess of revenue over expenses</b>	<b>\$ 6,954,710</b>	<b>6,775,137</b>

# COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN

## Notes to Summary Consolidated Financial Statements

Year ended December 31, 2014

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The summary financial statements are derived from the completed audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2014 and for the year ended December 31, 2014.

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

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

- a) whether information in the summary consolidated financial statements is in agreement with the related information in the completed consolidated audited financial statements; and
- b) whether, in all material respects, the summary consolidated financial statements contains the information necessary to avoid distorting or obscuring matters disclosed in the related completed audited consolidated financial statements, including the notes thereto.

The completed audited consolidated financial statements may be obtained by calling (306) 244-7355 or by emailing [amy.mcdonald@cps.sk.ca](mailto:amy.mcdonald@cps.sk.ca). It is also available on the College of Physicians and Surgeons of Saskatchewan website at [www.cps.sk.ca](http://www.cps.sk.ca)

# REGISTRATION SERVICES

## A BUSY YEAR FOR 2014

During 2014, Registration Services handled approximately:

- 1,050 inquiries/applications for licensure
- 2,500 licence renewals
- 1,700 medical professional corporations.
- 700 educational licences for the College of Medicine (new medical students, JURSI and new or promoted residents).

## IMPACT OF NEW BYLAW CHANGES

Members will recall that the Council of the College of Physicians and Surgeons of Saskatchewan has declared its intent to align with national registration standards that are currently under development and as a result in September 2014 our regulatory bylaws were revised. Changes to the bylaws that impact registration include:

- Full licences became Regular Licences and Special Licences became Ministerial Licences. During 2014 Registration Renewal, physicians who renewed a licence were transitioned to the new nomenclature. Physicians who did not renew a licence will retain the historical licensure nomenclature.
- The website content for registration was re-written to reflect the new categories for licensure, and there are now several categories that may receive an exemption to licensure.
- All physicians, including those trained in Canada who do not meet the requirements for Regular Licensure, are subject to practice supervision.
- Summative assessments have been available for internationally trained family physicians. Under the new bylaws, summative assessments may be an option for internationally trained specialists as well.



## MEMBERSHIP

	Active Licensure	Inactive Licensure
<b>Total Registered as at December 31, 2013</b>	<b>2,157</b>	<b>212</b>
Newly registered from Saskatchewan	41	0
Newly registered from other provinces	52	0
Newly registered from other countries	127	0
Reactivated to Full from Inactive	6	-6
Reactivated to Full or Inactive from absence	3	1
Moved from Locum to Active	0	0
Moved to Inactive In-Prov Licensure	-28	0
Moved to Inactive Out-of-Prov Licensure	-50	0
Moved from Active to Inactive		78
Licenses Expired/Invalid	-3	0
License lapsed on Request or Non-payment	-57	-38
Deceased	-6	0
Moved from Active/Inactive to Temporary Locum	0	0
<b>Total Registered as at December 31, 2014</b>	<b>2,242</b>	<b>247</b>

## CORPORATE MEMBERSHIP

Approximately 1,1425 medical professional corporations were registered with the College during the year 2014.

The College is currently working to develop an online renewal system for medical professional corporations and is anticipating implementation in the fall of 2015.

## SASKATCHEWAN INTERNATIONAL PHYSICIAN PRACTICE ASSESSMENT (SIPPA)

In 2013 the College registered 88 physicians on educational licences for the SIPPA assessment. Sixty-one (61) of them were successful in the assessment and moved to provisional licensure with supervision. Of the 61 successful physicians **19 moved to full licensure** as they had obtained the LMCC designation prior to relocating to Saskatchewan.

In 2014 the College registered 77 physicians on educational licences for the SIPPA assessment. Sixty-three (63) of them were successful in the assessment and moved to provisional licensure with supervision. Of the 43 successful physicians in the January and May sessions of SIPPA **10 moved to full licensure** as they had obtained the LMCC designation prior to relocating to Saskatchewan.

SIPPA applicants who commenced the assessment after September 18, 2014 will require the CCFP as well as the LMCC to move to a full licence as a result of changes to the new bylaws.

SIPPA Session 2014	# of Participants	# of Successful Participants	# with LMCC (move to full licensure)
January	30	24	5
May	24	19	5
September	23	20	0
Total	77	63	

## ASSESSMENTS

The College continues to offer **summative assessments** for specialist physicians who have exhausted their eligibility for the Royal College examinations. These assessments are labor intensive and take a great deal of time to organize. 2 specialists completed the summative assessment process in 2014. The College is grateful to all assessors who have supported Saskatchewan specialists through this process.

The College continues to actively **recruit practice supervisors and summative assessors** for both family physicians and specialists. We were successful in recruiting several new summative assessors for family practice this year and are grateful to Dr. McBride for his ongoing support to Registration Services and the new assessors.

We have several resources for supervised physicians, practice supervisors and summative assessors. These resources include handbooks and an informational charting presentation.

## REVALIDATION

Revalidation ([continuing medical education](#) or professional development) requirements became mandatory in 2007 for renewal in the fall of 2008.

The College is aware that many physicians are unclear about the requirements and the process to satisfy Bylaw 5.1. This issue has been the focus of a great deal of time and attention for Registration Services.

In 2013, we identified over 50 physicians with issues related to compliance with revalidation requirements - failure to enroll in an appropriate program, failure to enter credits into the online account or failure to accrue a sufficient number of credits to complete the learning cycle in a timely manner.

In 2014, Registration Services provided a [CME mail out](#) to physicians on our register to advise them of introduction of fees for non-compliance with revalidation. We identified over 200 physicians with issues related to compliance with revalidation requirements and worked with them to resolve their issues. Two (2) physicians were assessed fees for noncompliance with revalidation requirements.

Physicians who were uncertain of the status of their compliance with Bylaw 5.1 were encouraged to contact the Director, Physician Registration for information and assistance.

## APPLICATION FOR MEDICAL REGISTRATION

Registration Services has been actively preparing for the introduction of the Application for Medical Registration (AMR) which is expected to be available in Saskatchewan in early 2015. AMR is an on-line platform for physicians to submit information for a “Review of Qualifications” through a portal at the Medical Council of Canada. The AMR will replace the Eligibility Review Forms we currently use for determining eligibility for licensure. Staff members are excited for the implementation of this new project.

Preparation for AMR requires conversion of our current paper pre-licensure information to an electronic format. This conversion has been an enormous project but has resulted in elimination of a great deal of paper from our office.

## COMPLAINTS

The majority of complaints about the care provided by, or the conduct of, a physician continues to be reviewed through the educational Complaints Resolution Process.

Since taking up the position of the Medical Manager of the Complaints Resolution Process in June 2014, Dr. Micheal Howard-Tripp, Deputy Registrar, identified a number of priorities which have led to some restructuring of how complaints which do not rise to the level of potential unprofessional conduct are processed and managed.

These changes were necessary to align the complaints process with the College's strategic plan and Council's direction on improving customer service and the effectiveness and efficiency of the complaints process. In addition, timelines for resolving complaints were a significant concern with the average time from receipt of a complaint to final disposition, for the period January 1st to October 31st 2014, being 139 days (4 ½ months). It is the goal of the Complaints Department to decrease the average time taken to resolve a complaint to 60 days, by the latter half of 2015.

Two initial contact persons for complainants provide guidance and information and resolve low-level complaints. A new part-time Medical Advisor to the Complaints Resolution Process has allowed for further efficiencies in the resolution of complaints. All complaints that cannot be resolved by College staff, are considered by the Complaints Resolution Advisory Committee which provides support and advice to the Medical Manager. Two administrative staff provide support to the Complaints Department and the Complaints Resolution Advisory Committee.

The Complaints Resolution Advisory Committee (CRAC) consists of 3 practicing physicians and 3 public members. Two positions on the CRAC Committee were filled following resignations during 2014. The College is extremely grateful to all the members of the Committee for their time, and commitment to supporting professionally led regulation.

The Complaints Department fielded 2510 calls, representing a 5% increase over 2013. As a result of these calls, 432 complaint submission forms were mailed out of which 198 were returned as formal complaints. This represents a 16% increase over 2013. The following tables provide a comparison between 2013 and 2014 in terms of the top 5 allegations and resultant findings of the Complaints Resolution Process.

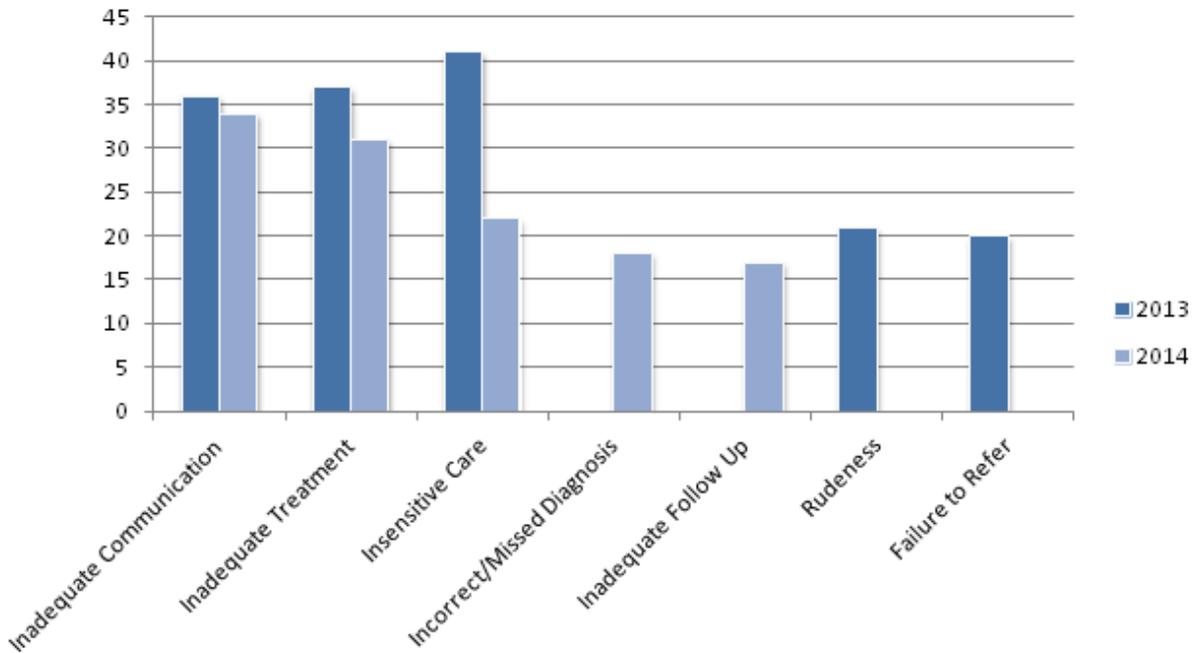
The top three reasons for complaints against physicians continue to be **Inadequate Communication**, **Insensitive Care** and **Inadequate Treatment**. Good documentation of the clinical encounter is essential in assisting the College with its determination of these cases and the College's Complaints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

### Complaints Resolution Advisory Committee (2014)

Ms. V. LaCroix (Chair)  
Dr. V. Olsen  
Ms. A. Brayshaw  
Ms. S. Lougheed  
Dr. J. Kriegler  
Dr. W. Oberholzer  
Dr. Micheal Howard-Tripp (CPSS)

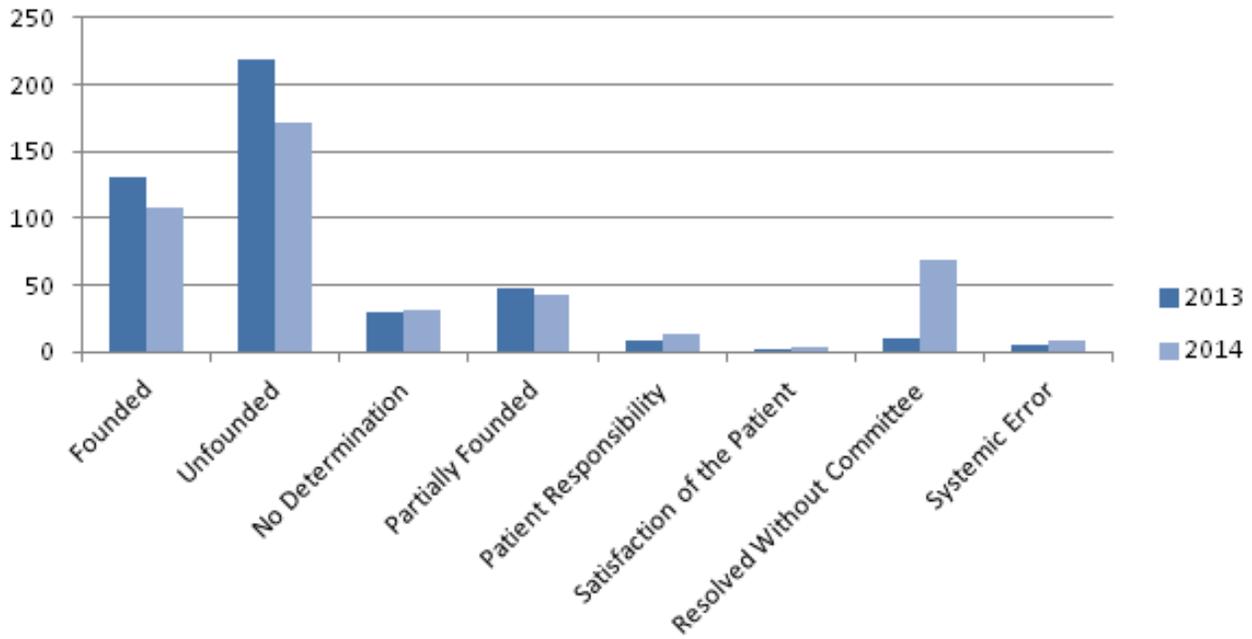
Resigned in 2014:  
Dr. M. Plewes  
Dr. L. Baker

## TRENDS - TOP 5 ALLEGATIONS



Allegation	2013	2014
Inadequate Communication	36	34
Inadequate Treatment	37	31
Insensitive Care	41	22
Incorrect/Missed Diagnosis		18
Inadequate Follow Up		17
Rudeness	21	
Failure to Refer	20	
<b>Total</b>	<b>155</b>	<b>122</b>

## TRENDS - DETERMINATIONS



Determinations	2013	2014
Founded	130	108
Unfounded	219	172
No Determination	29	31
Partially Founded	47	42
Patient Responsibility	8	14
Satisfaction of the Patient	1	3
Resolved Without Committee	10	68
Systemic Error	5	8
<b>Total</b>	<b>449</b>	<b>446</b>

# DISCIPLINE

*The College reports decisions of the Council imposing penalty for unprofessional conduct, or dealing with a physician's right to practise medicine following a finding of lack of skill and knowledge, in the next College Newsletter after the actions are taken. Those actions are also published on the College website [www.cps.sk.ca](http://www.cps.sk.ca). Consequently this report will not report on actions taken against specific physicians, but is rather an overview of the College's activities.*



*College policy prohibits release of information about investigations that are underway, unless there is a specific reason to do so. In the absence of a compelling reason to do so, the College will not nominally identify physicians who are currently subject to an investigation. Information about an investigation will generally only become available to the public if charges are laid or if a competency hearing committee is appointed.*

## DISCIPLINARY ACTIONS

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

Occasionally the allegations and the information in support of the allegations are sufficiently clear that the complaint can result in a charge of unprofessional conduct without an investigation by a preliminary inquiry committee. Occasionally the nature of the allegation is such that it can be resolved by less formal action, such as by the physician apologizing for the conduct.

Most of the complaints can only be addressed by reviewing all of the available information, including the physician's response, and presenting that information to the Executive Committee (a sub-committee of the Council) for the Executive Committee to decide whether the information provides reasonable grounds to believe that the physician may be guilty of unprofessional conduct. That is the requirement for the appointment of a preliminary inquiry committee set out in **The Medical Profession Act, 1981**.

There is often a considerable amount of information considered by the Executive Committee. Appointing a preliminary inquiry committee is a serious matter as it can affect a physician's reputation. Dismissing a complaint without an investigation by a preliminary inquiry committee is also a serious matter as it means that the complaint will be dismissed without the formal investigation and report to the Council that occurs when a preliminary inquiry committee investigation is ordered.

Below is a summary of those matters which have legal implications for the College that occurred during the year 2014.

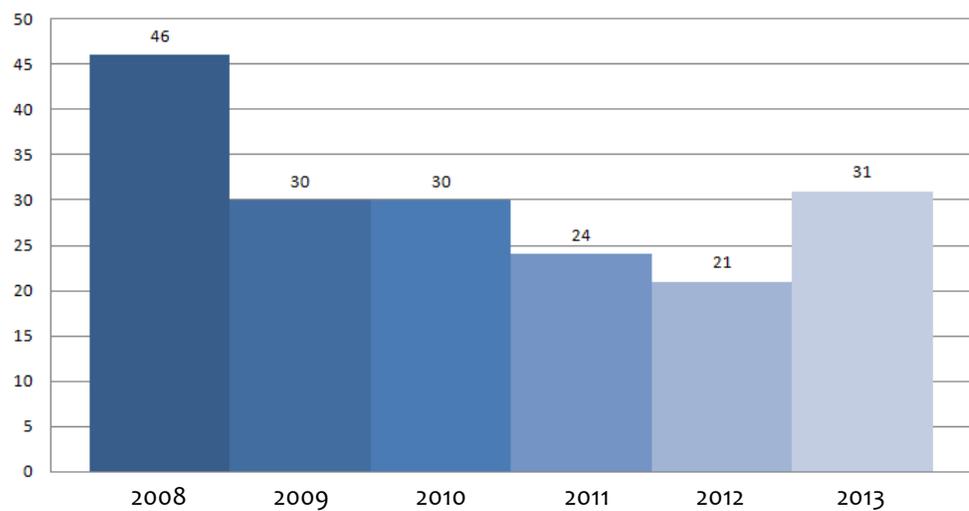
The complaints received by the College were classified as follows:

Nature of Complaints*	# of complaints
Sexual Impropriety	4
Unprofessional Conduct	13
Competency	0
Physician Health	1
<b>Total</b>	<b>18</b>

\* For purposes of reporting, the nature of the complaints was reviewed to categorize them. The characterization is somewhat arbitrary as some complaints had more than one aspect.

## COMPLAINTS RECEIVED IN PAST YEARS

(addressed as issues of possible unprofessional conduct or lack of skill and knowledge)



Summary of Activities	# of cases
Charges Laid	15
Discipline Hearings	0
Penalty Hearings	7
Resignations as an Alternative to Discipline	1
Hearings After Finding of Lack of Skill and Knowledge	0
Preliminary Inquiry Committees Appointed	9
Competency Committees Appointed	1
<b>Total</b>	<b>33</b>

## TRENDS

It is very difficult to try to establish trends based upon a relatively small number of serious complaints. However, two issues appear to be the subject of complaints more frequently than has been the case in the past.

### 1. Failure to respect patient confidentiality

This can result from a physician releasing information about a patient inappropriately or by a physician accessing health information about a patient when not required to provide care to that patient. Some less serious complaints are dealt with through the educational process of the Complaints Resolution Advisory Committee. Other, more serious, complaints are addressed as issues of possible unprofessional conduct.

There is an ethical obligation, an obligation under College bylaws and an obligation under Saskatchewan's privacy legislation for physicians to have policies and procedures in place to prevent inadvertent disclosure of patient information.

The College and the SMA worked together to provide privacy tools that can be used by physicians. Those tools are available on the SMA website <http://www.sma.sk.ca>. Those tools can assist physicians to understand their obligations in relation to patient information and patient records.

### 2. Alleged sexual harassment of staff or coworkers by physicians.

This issue appears to be arising more frequently.

## COMPETENCY ACTIONS

The College occasionally receives information expressing concern that physicians lack the skill and knowledge to practise medicine.

Such concerns usually are addressed by reviewing all of the available information, including the physician's response, and presenting that information to the Executive Committee (a sub-committee of the Council) for the Executive Committee to decide whether the information provides reasonable grounds to believe that the physician may lack skill and knowledge. That is the requirement for the appointment of a competency committee set out in **The Medical Profession Act, 1981**. In some cases physicians will voluntarily cease practising in the practise area that is identified as a subject of concern. That can result in the physician obtaining remediation to ensure that their skills and knowledge meet the expected standard.

If the Executive Committee concludes there are reasonable grounds to believe that the physician may lack skill and knowledge, the committee will appoint a competency committee consisting of the physician's peers to conduct an assessment to determine if the physician lacks skill and knowledge. That assessment can occur in the physician's entire practice area, or only in a limited area of concern.

There is one investigation currently underway to ascertain if the physician has appropriate skill and knowledge to practise.

The College was able to resolve some concerns about physicians' skill and knowledge by either obtaining the physician's agreement to restrict their practice or agreement to retire from practice.

## COURT ACTIONS BY PHYSICIANS CHALLENGING COLLEGE DECISIONS

### 1. Dr. Amjad Ali

Dr. Amjad Ali was found guilty of three charges of unprofessional conduct related to his conduct with female patients. His licence was revoked. That appeal is currently outstanding.

### 2. Dr. Carlos Huerto

In 2011 Dr. Carlos Huerto applied to have his licence to practise medicine restored. The Council rejected his application.

In 2012 Dr. Huerto brought an application for *certiorari* to quash the Council's decision. Dr. Huerto then adjourned the application *sine die* (an indefinite adjournment). The *certiorari* application remains adjourned indefinitely.

# COURT ACTIONS AGAINST THE COLLEGE

There are three court actions brought against the College many years ago which remain outstanding despite the fact that the plaintiffs have taken no action for many years. In addition to those three older actions, three other court actions in 2014 involved the College.

## 1. Dr. Darius Tsatsi

There is currently active court action related to the College. Dr. Darius Tsatsi has sued the College, the Health Region where he had worked and the then Minister of Health alleging that he was defamed by comments made about him. That action is being defended by all defendants, including the College, and remains outstanding.

## 2. Dr. Carlos Huerto

In 2014 the Court of Queen's Bench dismissed a claim brought by Dr. Carlos Huerto against a number of individual defendants associated with the College as well as the individual who provided information to the College that resulted in disciplinary action being taken against Dr. Huerto.

Dr. Huerto appealed the decision which dismissed his claim. The appeal was dismissed by the Court of Appeal. Dr. Huerto has now sought permission of the Supreme Court of Canada to appeal the dismissal of his action to that court.

## 3. Bruce Junker

In 2014 the Court of Queen's Bench dismissed a claim brought by Bruce Junker against the College and a number of physicians who had either treated him or provided reports relating to his medical condition.

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

- Bryan Salte, Associate Registrar and Legal Counsel

# HUMAN RESOURCES

## STAFFING

Notable changes to the College's human resources structure in 2014 were as follows:

### Administration

- Dr. David Poulin retired from the position of Deputy Registrar in March, 2014, and was replaced by Dr. Micheal Howard-Tripp, who took on the position in June, 2014. There are four personnel reporting to the Deputy Registrar's position in the complaints resolution area.

### Accounting and Finance

- There is one full time staff and one half-time staff in the Accounting and Finance role. There are two part-time positions covering reception.

### Communications

- A newly created Communications Officer position was filled, beginning in May, 2014.

### Registration Services

- A new Administrative Assistant position in Registration Services was added.
- One additional Registration Officer position was added.
- There are currently nine personnel reporting to the Director of Registration Services position.

### Prescription Review and Methadone Programs

- There are three personnel distributing their time between the Prescription Review and Methadone programs.

### Contract Positions

- The College contracts a physician manager for the Methadone program, a physician manager for the summative assessment program, and a physician manager for the Non-hospital surgical facility program, as well as a physician representative for the College on the JMPCRC committee.
- A project manager for the Information Management Project was also contracted.

No changes were made to the following departments: Diagnostic Imaging Quality Assurance and Laboratory Quality Assurance.

## PENSION PLAN

The College's pension plan is administered by the Canadian Medical Association. The recent actuarial review showed a deficit position in the plan, which caused a comprehensive plan review during 2013 and 2014. Changes to improve the pension plan's financial position, which will be implemented in January, 2015 include a special employer's levy to address the historical deficit as identified in the actuarial review, and an increase in the contribution percentage by employees.

# COMMUNICATIONS

Communications at the College saw a major overhaul in 2014, with changes being made to numerous facets of the service.

## MAIN ACTIVITIES

In keeping with the principles of openness and transparency, a new and completely redesigned [website](#) was implemented in the spring. It offers a physician search function for the public to look up information regarding a physician's office address, office telephone numbers, medical education, qualifications, specialty, license history and discipline history, and makes available additional information and functions regarding every one of the College's sectors.

A Communications Officer was hired in May to help coordinate the website, internal and external communications, publications, and media and public relations:

- A new [branding image](#) was created.
- The College newsletter, *DocTalk*, has a fresh, new look, is available on the Website, and continues to be sent electronically to the membership.
- The [website](#) is updated and enhanced on a regular and timely basis.
- A [media listening tool](#) (Meltwater) has been acquired to keep abreast of local, national and worldwide current events of specific interest to the College.
- A [Staff Survey](#) was distributed to gather feedback from staff concerning job satisfaction, working conditions and related issues.
- Several [guides and informational documents and promotional tools](#) have been created and distributed, including a [banner](#).
- Approximately [30 media requests](#) were managed between September and December alone.
- The College now has a [Facebook](#) page, and the value of adding a Twitter account is being considered.
- [Promotion](#) of College activities (AGM, presence at iPASS student conference, Dennis Kendel Award for Distinction...).

## EDUCATIONAL PRESENTATIONS

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

- Emergency medicine residents – mandatory reporting under legislation
- Family medicine residents – health information privacy
- MCCQE1 candidates – law and ethics
- CPSS Annual General Meeting and SMA Representative Assembly – the status of medical marihuana
- Residents with international undergraduate training – Patient Complaints and Legal Liability
- SIPPA candidates Advance Health Care Directives and Medical records (3)
- Federation of Law Societies of Canada – Quality Assurance
- Pharmacy Students – Physician Pharmacist Collaboration
- Emergency medicine residents – Complaints and the College

## PRESCRIPTION REVIEW PROGRAM

The Prescription Review Program is an educationally based program of the CPSS that monitors for apparent inappropriate prescribing and apparent inappropriate use of PRP drugs that are included in regulatory Bylaw 18.1.

### PRESCRIPTION MONITORING

The Program alerts physicians of possible inappropriate prescribing or use of PRP drugs by their patients. It provides general information to physicians in order to encourage appropriate prescribing practices. In some cases, physicians are required to provide explanations for their prescribing of medications to which the Prescription Review Program applies. After reviewing a physician's reply, the Program will make recommendations, following best practices, to improve patient outcomes or reduce the possibility of misuse of these medications.

Letter Count	2014
System Generated Double Doctoring	6,738
Explain/Alert Letters (1st contact)	1,193
2nd Request	226
3rd Request - Deputy Registrar	34
Prescribing & Use Recommendations	830
Individual Double Doctoring (from Profile Reviews)	7
Part Fills Incomplete Prescriptions	3
Pharmacy Inappropriate Dispensing	58
Illegible Prescription	23
Law Enforcement Requests	62
Coroner Requests	35
<b>Total</b>	<b>9,209</b>

<b>Methadone Program</b>	<b>104</b>
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## REQUESTS FOR INFORMATION

The PRP also assists with real time requests for information on appropriate prescribing/use of PRP medications using current standards, guidelines, and best practices.

Caller/Type of Request	2014
Doctor	362
Pharmacy	122
Patient	114
Miscellaneous	71
Medical Marijuana	47
Methadone	79
Law Enforcement	32
<b>Total</b>	<b>827</b>

## EDUCATION & OUTREACH

### Organisation

- Methadone 101 Education Day (Yorkton and Meadow Lake)

### Presentations/Contributions

- SIPPA (foreign-trained doctors) (4)
  - Presentations on the PRP and how it can assist physicians with appropriate prescribing
  - Presentation on Setting Boundaries
- Methadone Education Day (2) (Meadow Lake and Yorkton)
- HIV Grand Rounds (presentation during provincial Telehealth webinar)
- Nurse Practitioner Education Day (Saskatoon and Regina) for Saskatchewan Registered Nurses Association (SRNA): event co-coordination and presentations on the Misuse of Gabapentin as well as an Overview of the PRP.

## COMMITTEE PARTICIPATION

1. Opioid Advisory Committee
2. Sauteaux/Pelly First Nations
  - Developing treatment centre and harm reduction program for 3 bands (joint initiative with Health Canada, the Ministry of Health (Saskatchewan) and the Sauteaux/Pelly First Nations
3. National Faculty for Canadian Guidelines for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain
4. National Advisory Council
  - Monitoring and surveillance for the CCSA National Drug Strategy “First Do No Harm”
5. Canadian Community Epidemiology Network on Drug Use
  - Early warning system for substances of abuse
6. Saskatchewan Registered Nurses Association (SRNA) Planning Committee
  - Training of nurse practitioners prior to prescribing PRP medications

## ONGOING COLLABORATIONS

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

1. Non-Insured Health Benefits (NIHB) for First Nations and Inuit
  - Monitoring process for First Nation prescription drug use (4 teleconferences)
2. Ministry of Health (Saskatchewan)
  - Saskatchewan Prescription Drug Plan (SPDP)
3. Saskatchewan Justice
  - Corrections
  - Chief Coroner's Office
4. Provincial Lab Testing
5. College of Pharmacists
6. College of Dental Surgeons
7. Saskatchewan Registered Nurses Association

## 2

## METHADONE PROGRAM

The Ministry of Health has been contracting with the College of Physicians and Surgeons of Saskatchewan (CPSS) since 2001 to operate the Methadone Program on its behalf. The object of the Program is to administer the methadone exemption process for Saskatchewan physicians.

Roughly 28 physicians received a methadone exemption in 2014, bringing the total number of physicians in the province with a methadone prescribing exemption to approximately 85.

The Program also assists physicians in the following ways:

- Develops guidelines for safe prescribing of methadone for opioid addiction/dependency
- Provides education and workshops on prescribing methadone
- Conducts peer reviews of the medical practices of physicians involved in the program
- Maintains a central registry of methadone prescribers, to assist physicians and patients in locating methadone clinics

In order to standardize the process and help provide better, more efficient service, the Program has been working to finalize the latest version of the [Saskatchewan Methadone Guidelines for the treatment of Opioid Addiction/Dependence](#) (to be made available in early 2015) and coordinates the delivery of introductory workshops regarding this subject.

## ONGOING COLLABORATIONS

Collaborative partnerships with the Prescription Review Program and the Opioid Advisory Committee have also been put in place to ensure the effective implementation of the Program's guidelines within the bounds of its available resources. The PRP looks for potential inappropriate prescribing and inappropriate use of methadone as part of the medications it monitors, and provides the Methadone Program with data pertaining to the prescribing of methadone to patients on methadone maintenance treatment. This includes information about the methadone prescribed or any other PRP medication that may be being prescribed to the patient.

As a result of information received by the program, the PRP also sends alert letters to methadone prescribers that an individual who has been prescribed PRP drugs may possibly be misusing and/or diverting their medication. A total of 104 letters were sent in 2014.

The Opioid Advisory Committee meetings are held quarterly (4 times a year). A significant amount of time was spent on planning the first annual educational conference for 2015.

## ASSISTANCE IN YORKTON-KAMSACK

Representatives from the College met with administrative representatives of Sunrise Health Region to discuss the importance of teamwork and communication with the new clinic and offered the program's assistance as their clinic transitions and grows.

In April, a 1-day Methadone 101 course was offered for the addictions team. It was well attended and it helped them gain insight on how to get their new clinic going. Good, insightful feedback was received.

- Centre with Methadone Maintenance Therapy
- In red: Health Regions with no Methadone Maintenance Therapy Program

### Opioid Advisory Committee

Members as of July 2014

#### Pain Specialist

Dr. Murray Opdahl  
Loren Regier – Rx Files  
Dr. Carmen Johnson - Palliative

#### SRNA

Donna Cooke

#### Methadone Program

Dr. Morris Markentin

#### Addiction Specialists

Dr. Peter Butt (chairman)  
Dr. Brian Fern  
Dr. Leo Lanoie

#### CPSS Staff

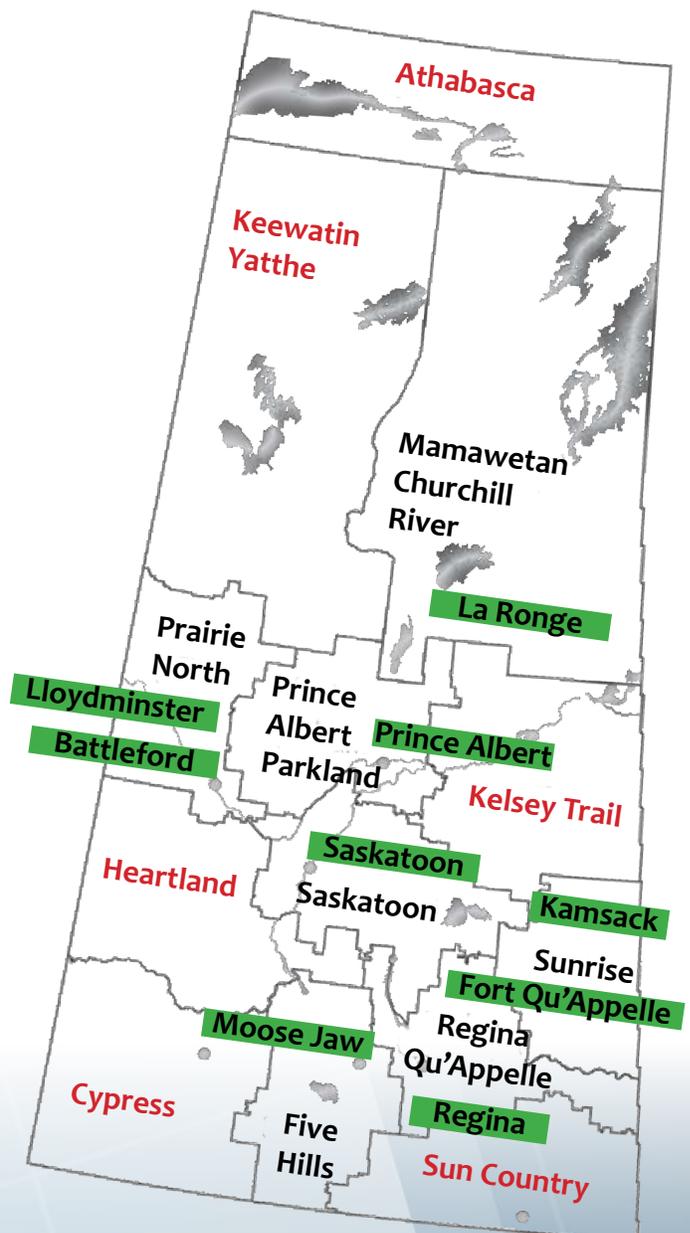
Meagan Fraser  
Nicole McLean  
Laurie Van Der Woude  
Doug Spitzig

#### College of Pharmacists

Lori Postnikoff

#### Expert Advisors

Jeff Eichhorst  
Lisa Lockie



## 3

## DIAGNOSTIC IMAGING QUALITY ASSURANCE

The Diagnostic Imaging Quality Assurance Program provides a quality assurance program for medical imaging in the Province of Saskatchewan by way of a peer-review assessment process of imaging physicians.

### Advisory Committee on Medical Imaging (2014)

Dr. Ian Waddell, Chair  
 Dr. Don McIntosh  
 Dr. Joanne Hillis  
 Dr. Abdulaziz Almgrahi  
 Dr. Holly Wells  
 Dr. George Carson  
 Ms. Maureen Kral  
 Ms. Bev Kellington  
 Mr. Luke Jackiw  
 Mr. David Guerrero

In addition to the Standards developed by the Committee for General Ultrasound, CT, Nuclear Medicine, Bone Densitometry and Interventional Radiology, the ACMI has adopted the **national ultrasound standards** of the Society of Obstetricians and Gynaecologists of Canada (SOGC) and Canadian Association of Radiologists (CAR); as well as the **CAR Standards for “MRI” and “Communication of the Imaging Report”**; and the national Echocardiography guidelines.

**Eleven (11) physician assessments** were conducted in 2014. Productivity on this was restricted due to problems with PACS access and the completion of reviews being delayed. This has now been resolved, in conjunction with eHealth.

A review and revision of Regulatory Bylaw 25.1 - is on-going.

An examination was developed for physicians who fail to pass the standards assessment. Physicians may choose to challenge the exam following remediation.

## 4

## LABORATORY QUALITY ASSURANCE

The Laboratory Quality Assurance Program is responsible for the requirements and standards of Medical Laboratories in the Province. The two major components of the Program are laboratory accreditation and proficiency testing.

### Program Management Committee (2014)

Dr. Ian Etches, Chair and Transfusion Medicine  
 Dr. Greg Horsman, Microbiology  
 Dr. Ed Jones, Anatomic Pathology  
 Dr. Donna Ledingham, Hematology  
 Dr. Jeff Eichhorst, Chemistry  
 Ms. Paula Dupont, SACLXT  
 (vacant), SMA  
 Mr. Del Windrum, SSMLT  
 Mr. Colin Toffan, Ministry of Health  
 Mr. David Guerrero, Ministry of Health

The **Program Management Committee (PMC)** is the oversight body for operations and decision-making for the program. It is made up of the chairs of the discipline-specific committees, along with representation from the Saskatchewan Association of Combined Laboratory and X-ray Technologists (SACLXT), Saskatchewan Medical Association (SMA), Saskatchewan Society of Medical Laboratory Technologists (SSMLT) and a representative from the Ministry of Health.

The [Quality Assurance \(QA\) committees](#) of Anatomic Pathology, Chemistry, Hematology, Microbiology and Transfusion Medicine develop guidelines for laboratory practice in their specific disciplines, review proficiency testing reports and approve inspection reports.

## LABORATORY ACCREDITATION

The purpose of inspecting and accrediting laboratories is to evaluate and ensure compliance with established standards, identify areas of excellence and to provide recommendations for improvement.

### Health Regions inspected in 2014:

- Sun Country (St. Joseph's Estevan)
- Prairie North
- Sunrise
- Kelsey Trail
- Saskatoon (RUH, Saskatoon City, St. Paul's)
- Saskatchewan Disease Control Laboratory
- CBS

In 2014, the self-inspection process was eliminated and we were able to implement on-site inspections for all laboratories.

Continued collaboration by the western provinces has resulted in the [Western Canada Diagnostic Accreditation Alliance \(WCDA\)](#) agreeing on a common set of laboratory standards for accreditation. The LQAP hopes to have the WCDA standards in place for the 2016 laboratory inspections.

## PROFICIENCY TESTING/ EXTERNAL QUALITY ASSESSMENT (PT/EQA)

PT/EQA is used to evaluate laboratory testing accuracy. This ensures quality test results and patient safety.

The LQAP mandates that PT/EQA be performed for all tests for which it is available.

There are currently **132 medical laboratories** enrolled in 2529 PT/EQA surveys. There are also **204 Physician Office Laboratories** participating in PT/EQA; as well as the STARS helicopters.

The Quality Assurance Committees, with approval by the Program Management Committee, have made the decision to move proficiency testing subscriptions for larger laboratories to another provider, in 2016.

## NON-HOSPITAL TREATMENT FACILITIES

The Non Hospital Treatment Facility Program is guided by Bylaw 26.1 of the CPSS Regulatory By-laws. This Bylaw was established to ensure the provision of quality patient care in Non Hospital Treatment Facilities, and provides information regarding the parameters of such facilities, including procedures which are acceptable in such settings.

Currently, **11 facilities** have been inspected and approved under this program since its inception.

The inspection and approval runs on a three-year cycle, and the Standards and Guidelines used for this process are essentially mirrored to those used by the College of Physicians and Surgeons of Alberta, with minor variations which are unique to Saskatchewan. An independent inspection team, usually consisting of a nurse coordinator, Anesthetist, and Surgeon, performs inspections, making recommendations to the College regarding approval of facilities based on the above mentioned Standards and Guidelines. This program ran smoothly with no major issues or concerns in 2014 regarding the facilities.

A list of facilities which have been approved is available from the College and on the website.

Moving forward in 2015, there is a push to **develop local interest** from physicians to be involved in the inspection process, and any physician interested could contact the program manager for information.

An **Ontario West working group** from all of the Colleges has also been established to meet once yearly to discuss the issues and management of Non Hospital Facilities.

We continue to work yearly on maintaining upgraded Standards and Guidelines.

# What to expect for 2015



In a conscious effort to continuously work towards improving the quality of services we offer, Council Members and Staff at the College of Physicians and Surgeons of Saskatchewan are looking forward to the implementation of several new projects already underway.

Some of these projects include:

- creating an online Corporation Registration and Registration Renewal service for our members who hold medical professional corporations
- developing an online registration appointment process;
- implementing a Document Management Strategy (DMS);
- improving governance by developing Objective P4 of the Strategic Plan;
- collaborating with national partners in integrating International Medical Graduates (IMGs) into the workforce through nationally accepted practice readiness assessment processes;
- developing nationally accepted summative assessment processes to assist our internationally trained physicians to achieve an enduring form of licensure;
- developing new policies (for example the Conscientious Objection Draft Policy) and improving existing policies to guide our members;
- developing an improved Communications Strategy;

We look forward to continuing working together with our council, partners and staff to serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.



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