



## EXECUTIVE SUMMARY

of the

**24 & 25 NOVEMBER, 2017 COUNCIL MEETING**

### **COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN**

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

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

At the conclusion of each Council meeting an Executive Summary of the meeting is widely distributed to the district medical associations, related organizations and the public media. This Executive Summary provides a brief overview of issues discussed, decisions made, and/or actions taken by the Council. If any person wishes more detailed information about any of the issues which are not subject to confidentiality constraints, these can be obtained by contacting Ms. Sue Waddington, Executive Assistant to the Registrar, at 101 – 2174 Airport Drive, Saskatoon, Saskatchewan, S7L 6M6, phone (306) 667 4625, Fax (306) 244 2600, or email [OfficeOfTheRegistrar@cps.sk.ca](mailto:OfficeOfTheRegistrar@cps.sk.ca).

1. Council received a report on the actions taken in relation to the "For Action Items" from the previous meeting.
2. Council reviewed and discussed Monitoring Reports from the Registrar with respect to:
  - (a) The Registrar's Advancement of Council's End – 6 – Professionally Led Regulation; and
  - (b) The Registrar's Compliance with Council's Executive Limitation Policies pertaining to:
    - (i) EL – 14 – Development of Policies Governing the practice of Medicine; and
    - (ii) EL – 15 – Approval of Externally Generated Policies Governing the Practice of Medicine.
3. Pursuant to Section 86 of **The Medical Profession Act, 1981** Dr. Amjad Ali made application for restoration of his licence. Council heard submissions from Mr. Darren Kraushaar, legal counsel for Dr. Ali and submissions from the College's legal counsel Mr. Bryan Salte. Council considered the application and declined to restore Dr. Ali's licence. Council will prepare reasons for its decision.
4. Council received a report from Ms. Torrance on the regulation of certain office procedures. Council approved in principle a bylaw change which will relate to standards to be used for cosmetic procedures, e.g. Botox, laser, etc. The policy will be distributed for consultation

and a working committee will review the feedback from the consultation and provide final recommendations to the Council.

5. Council received a report from the committee reviewing the *Treating Employees Guideline* and approved a revised policy relating to *Providing Care to Employees and Co-Workers*, with a sunset date of 5 years. The policy will be placed on the website.
6. Council had a short discussion with the Chair of the *Supervision of Post Graduate Clinical Trainees Guideline Committee* pertaining to undergraduate and post graduate clinical trainees and confirmed the importance of the College of Physicians and Surgeons having policies pertaining to the supervision of all trainees. The matter will be reviewed by the committee and returned to Council in January for consideration of a revised policy.
7. Council received a report from Dr. Chapelski, Chair of the *Telemedicine/Virtual Medicine Standard* working committee. It was felt that the current *Telemedicine Policy* requires considerable review and it was questioned whether the *Physician Guideline on Communication by Electronic Means* should be combined with the *Telemedicine Policy*. A committee consisting of Dr. Mark Chapelski, Dr. James Carter, Ms. Sue Halland, Dr. Brian Brownbridge, Dr. Al Beggs, Dr. Micheal Howard-Tripp, and Ms. Sheila Torrance was constituted. Council will seek a committee member from the Saskatchewan Medical Association and will also seek the interest of Dr. Tanya Holt, a pediatrician who uses telehealth extensively, to assist the committee with its work.
8. Council received a report from the interim Chair of the *Truth and Reconciliation* committee, Dr. Julie Stakiw. The committee indicated that although there were not any current regulatory issues pertaining to the College specifically in the report, there were numerous opportunities for physicians in the system to look at educational needs such as: specific education regarding the multi-jurisdictions that govern First Nations' health and how it affects patient health care to First Nations' people, how the College of Medicine provides education at the undergraduate but also at the postgraduate level, the need for the College and Council education on specific challenges facing First Nations' health care delivery in First Nations' patients etc..

The committee recommended the College seek to partner with the College of Medicine and the CME office on some of these opportunities. One of the committee members, Ms. Heather Hodgson has volunteered to write an article for DocTalk around the issue of multi-jurisdictional care of First Nations' patients. It was recommended the College compile a list of known resources to have on hand for when issues specific to First Nations' people are brought to the College and that the Truth and Reconciliation committee, and Council should engage with Dr. Alexandra King, the Cameco Chair of Indigenous Health in the next 3 – 6 months to help further understand the challenges and opportunities with regards to First Nations' health care, as it relates to the mandate of the College of Physicians and Surgeons.

Council recommended that College staff try to obtain a speaker for an educational session at the next Council meeting related to indigenous health issues.

9. Council received an update from Mr. Salte on the committee's work with respect to reviewing the BC Real Estate Commission Report and noted work on the recommendations that were appropriate for the College, are in progress.

10. Council received a report from Ms. Sheila Torrance with respect to potential changes to Bylaw 25.1 with respect to the role of the Medical Director in diagnostic imaging facilities. The draft bylaw will be distributed for stakeholder consultation and the feedback will be considered at the January Council meeting.
11. Council received a report from the Director of Accounting and Finance, Ms. Amy McDonald. Ms. McDonald provided the quarterly financial statements to the end of September, 2017.
12. Council received a report from Ms. Sheila Torrance pertaining to the Federation of Medical Regulatory Authorities of Canada's Health policy. Council appointed a committee consisting of Dr. Mark Chapelski, Mr. Marcel de la Gorgendiere, Dr. Adegboyega Adewumi, Ms. Sheila Torrance, and Dr. Karen Shaw. Ms. Brenda Senger of the Physician Health Program of the SMA will be approached to be a member of this working group. The committee will review the appropriateness of how the questions are posed on the College's licensure renewal application as they relate to physicians' health conditions.
13. Council received a report from the Associate Registrar with respect to a bylaw amendment pertaining to retaliation for filing a complaint. Council adopted the bylaw amendment that defines retaliating against a person who files a complaint or participates in regulatory activities as unprofessional conduct.
14. Council considered a request to extend the time for Dr. Jordan Velestuk to pay costs of approximately \$7,000 and determined that the costs must be paid before midnight November 30, 2017. If Dr. Velestuk does not pay the costs he will be suspended until they are paid.
15. Council considered a request from the Saskatchewan Cancer Agency to extend the timeframe contained in the bylaw authorising the College to grant Ministerial Licences to physicians to work in the Cancer Clinic. The bylaw was amended to extend the timeframe from December 2017 to December 2020.
16. Council received a report from the Registrar with respect to the progress in the strategic plan pertaining to strategic priority 1 - Optimising Practice Excellence and Strategic and Priority 2 - Enhance Awareness and Trust of the College.
17. Council reviewed a document that outlined the required changes to the regulatory and administrative bylaws of the CPSS, to address the transition from regional health authorities, to provincial health authority. Council approved the suggested amendments. This is to ensure alignment with the province's movement to a single health authority.
18. Council received a report from the Communications Officer, Ms. Caro Gareau, regarding the DocTalk Publication Advisory Committee and its membership. Council determined it would change the policy to include a public member, not necessarily a public Council member. Dr. Brian Brownbridge was named to replace Dr. Oluwole Oduntan, who has resigned from the committee.
19. Council reviewed the request of Dr. T. Akande to review the Registrar's decision about her summative assessment. Submissions were made on behalf of Dr. Akande by her legal

counsel, Ms. Anita Fraser and on the College's behalf by Mr. Bryan Salte. Council upheld the Registrar's decision revoking Dr. Akande's licence.

20. Council reviewed the possible realignment of medical electoral districts as a consequence of the Provincial Government's decision to move to a single provincial health authority. Council appointed a committee to review the issue of electoral districts for Council elections and provide recommendations to Council.
21. Council received a report from Dr. Werner Oberholzer with respect to the Saskatchewan College of Paramedics' request for the College to approve two paramedic clinical practice protocols. The first protocol permits advanced care paramedics to use calcium for severe hyperkalemia in the presence of sine waves with a history of dialysis, and with the approval of on-line medical control. The second protocol permits the use of Tranexamic acid in severe hemorrhage by advanced care paramedics. Council approved both protocols.
22. Council reviewed possible bylaw amendments with respect to the Medical Council of Canada phasing out of the MCC's Evaluating Examination. The Medical Council of Canada will discontinue the provision of the MCCEE after the fall of 2018. Only the Medical Council of Canada Qualifying Exam 1 will be available. Council approved in principle a bylaw amendment that the MCCEE is only acceptable if a physician achieves licensure by June 30, 2019. Council directed that consultation on the proposed changes be commenced.
23. Council received a document pertaining to physicians who attain Royal College certification and who seek to obtain a regular licence by an assessment. These decisions are made by way of delegation to the Registrar. The Registrar requested advice from Council on how to approach physicians who seek a licence by assessment, but who then achieve FRCP/FRCS. There was no consensus from Council on this issue and so no advice to the Registrar was provided.
24. Council reviewed a report from the Associate Registrar on the Terms of Reference of the various standing committees of the College. Council directed that a review of the Administrative Bylaws that establish committees such as the ACMI, Quality of Care Advisory Committee, etc. be carried out and College staff will consult with each of the committees to determine if those committees think that the bylaws which establish the committee's structure are appropriate. The recommendations will be brought back to Council in January. There will also be a review of the committees that are not standing committees but have ongoing responsibility, e.g. The Kendel Distinguished Service Award Committee and suggested Terms of Reference for those committees will be drafted.
25. Dr. P. Hugo requested an extension of time to undergo the prescribing course that was part of the penalty previously imposed. Council acknowledged that Dr. Hugo had completed three online modules and provided him the extension to the end of June 2018 in order for him to take the face to face course that will be offered in Saskatchewan at that time.
26. Council reviewed a request to update Methadone Policies that pertain to the treatment of patients when they are hospitalised. Council provided some feedback and directed further discussion with the Opioid Agonist Therapy Committee. Revisions to the policy related to in-patient administration will be brought back to Council in January.

27. Council received a report from Ms. Sheila Torrance on the use of chaperones and undertakings. Council discussed in what circumstances physicians who are subject to a complaint of improper sexual behaviour should be asked to have a chaperone present when examining patients. Council concluded that the College should treat requests for chaperones on a case by case basis.
28. Mr. Salte provided an update on the status of all outstanding bylaws that have either been Gazetted or are awaiting final approval.
29. Council reviewed and adopted Reasons for the Decision with respect to the penalty imposed upon Dr. P. Louwrens at the 29 September, 2017 meeting of Council, following the findings of the Discipline Hearing Committee of unbecoming, improper, unprofessional or discreditable conduct.
30. Council approved the wording of the reprimand pertaining to Dr. P. Louwrens.
31. Council reviewed and adopted Reasons for the Decision with respect to the penalty imposed upon Dr. B. Lubega at the 29 September, 2017 meeting of Council, following his admission of unbecoming, improper, unprofessional or discreditable conduct.
32. Council approved the wording of the reprimand pertaining to Dr. B. Lubega.
33. Council reviewed and adopted Reasons for the Decision with respect to the penalty imposed upon Dr. C. Stuglin at the 29 September, 2017 meeting of Council, following his admission of unbecoming, improper, unprofessional or discreditable conduct.
34. Council reviewed and adopted Reasons for the Decision with respect to the penalty imposed upon Dr. I. Cowan at the 16 June, 2017 meeting of Council, following his admission of unbecoming, improper, unprofessional or discreditable conduct.
35. Council received a report from the Associate Registrar with respect to the statistics pertaining to the use of Alternate Dispute Resolution.
36. Council reviewed a Preliminary Inquiry Committee report, and accepted the recommendation of the committee and determined that no charges would be laid. The College however, will facilitate a discussion between the two parties to assist in bringing final resolution to the concerns raised.
37. Council reviewed a Preliminary Inquiry Committee report, and accepted the recommendation of the committee and determined that no charges would be laid. Council however directed the Registrar to interact with the physician to ensure the physician understands the College's expectations for a physician's conduct at all times including while not practising medicine.
38. Council reviewed a Preliminary Inquiry Committee report which recommended a charge of unprofessional charge against a physician related to a pattern of abusive behaviour and being untruthful with the Preliminary Inquiry Committee. A summary of the charges will be available on the website.

39. Council reviewed a report from legal counsel Mr. Chris Mason and laid 11 charges of unprofessional conduct against a physician related to sexual relationships with patients, breach of patient confidentiality, and failure to maintain the standard of the profession in relation to prescribing PRP medications. The entirety of the charges will be available on the website.
40. Council conducted a penalty hearing pertaining to Dr. Anil Kumar. Dr. Kumar admitted the charges laid against him. Council considered a joint recommendation for penalty from the Registrar's office and Dr. Kumar's legal counsel. The charges admitted by Dr. Kumar are, as follows:

*You Dr. Anil Kumar are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981** s.s. 1980-81 c. M-10.1 and/or bylaw 7.1 (c) and (g) paragraph 15, and/or bylaw 7.1 (c) and (g) paragraph 21, and/or bylaw 7.1 (c) and (g) paragraph 24, and/or bylaw 8.1(b)(ix) of the regulatory bylaws of the College of Physicians and Surgeons of Saskatchewan.*

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

- a) *A female person hereinafter referred to in this charge as "Patient Number 1" was your patient;*
- b) *On or about the 22<sup>nd</sup> day of August, 2014 you attended Patient Number 1;*
- c) *Patient Number 1 was opposed to receiving blood products in connection with her medical care;*
- d) *You performed surgery on Patient Number 1 without discussing the possibility that blood products might be provided to her;*
- e) *You failed to obtain informed consent for the administration of blood products;*
- f) *During the course of performing surgery on Patient Number 1, blood products were provided to her.*

*You Dr. Anil Kumar are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of Section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981** s.s. 1980-81 c. M-10.1 and/or bylaw 7.1 (c) and (g) paragraph 15, and/or bylaw 7.1 (c) and (g) paragraph 21, and/or bylaw 7.1 (c) and (g) paragraph 24, and/or bylaw 8.1(b)(ix) of the regulatory bylaws of the College of Physicians and Surgeons of Saskatchewan.*

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

- a) *A male person hereinafter referred to in this charge as "Patient Number 2" was your patient;*
- b) *On or about the 27<sup>th</sup> of November, 2013 you performed surgery on Patient Number 2;*
- c) *You failed to adequately advise Patient Number 2 of the risk of paralysis associated with the surgery that you performed;*

- d) *You utilized a surgical technique with Patient Number 2 which exposed the patient to an increased risk of compromise of the spinal cord; and*
- e) *Following the surgery you performed on Patient Number 2, he experienced paralysis.*

Submissions were made by Mr. Salte on behalf of the Registrar's Office and Mr. N. Cann on behalf of his client, Dr. Kumar. Council imposed the following penalty:

- 1) *Pursuant to Section 54(1)(e) of The Medical Profession Act, 1981, the Council hereby reprimands Dr. Kumar. The format of that reprimand will be determined by the Council;*
  - 2) *Pursuant to Section 54(1)(b) of The Medical Profession Act, 1981, the Council hereby suspends Dr. Kumar for a period of two months, commencing on a date to be chosen by Dr. Kumar but not later than January 1, 2018. If Dr. Kumar does not choose an earlier date than January 1, 2018 his suspension will begin at 12:01 a.m. on January 1, 2018;*
  - 3) *Pursuant to section 54(1)(c) of The Medical Profession Act, 1981, Council prohibits Dr. Kumar from performing the following medical procedures: posterior or posterolateral thoracic corpectomy or vertebrectomy with application of reconstructive interbody cage. This prohibition shall continue indefinitely unless the Council rescinds this prohibition, in whole or in part.*
  - 4) *Pursuant to section 54(1)(g) of The Medical Profession Act, 1981, Council requires that Dr. Kumar successfully complete an ethics course on professionalism to the satisfaction of the Registrar. Such course shall be completed at the first available date. The programs "Medical Ethics, Boundaries and Professionalism" by Case Western Reserve University, "Probe Program" by CPEP and "Medical Ethics and Professionalism" by Professional Boundaries Inc., are ethics programs acceptable to the Registrar.*
  - 5) *Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, the Council directs Dr. Kumar to pay the costs of and incidental to the investigation and hearing in the amount of \$20,153.30. Such payment shall be made in full by March 31, 2018.*
  - 6) *Pursuant to section 54(2) of The Medical Profession Act, 1981, if Dr. Kumar should fail to pay the costs as required by paragraph 5, Dr. Kumar's licence shall be suspended until the costs are paid in full.*
  - 7) *The Council reserves to itself the right to reconsider and amend the time within which payment of costs must be made set out in paragraph 5 and the right to reconsider and amend the requirements of the retraining or education set out in paragraph 4. Such reconsideration shall only be done if requested by Dr. Kumar.*
41. Council approved a change to Governance Policy 9 and Governance Policy 10, relating to the *Code of Conduct for Councilors* and *Conflicts of Interest for Councilors*.
42. Council received a report on the discipline tracker and the status of outstanding legal matters for the College.
43. Council directed the President to send a letter to the Ministry strongly supporting the establishment of an Oversight Committee and addressing the concerns about service delivery regarding medical assistance in dying.

44. The President provided some background documents with respect to the assessment of Council meetings and self-assessment tools for Councilors. A refined tool will be brought back for Council's review at the January meeting.