



EXECUTIVE SUMMARY

of the

16 & 17 MARCH, 2018 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.

1. Council received a report on the actions taken in relation to the "For Action Items" from the previous meeting.
2. Council reviewed and discussed Monitoring Reports from the Registrar with respect to:
 - (a) The Registrar's Compliance with Council's Executive Limitation Policies pertaining to:
 - (i) EL – 7 – Regulatory Functions; and
 - (ii) EL – 9 – Communication and Support to Council; and
 - (iii) EL – 10 – Emergency Executive Succession.
3. Council received an update from the Telemedicine/Virtual Medicine Standards Committee and formally appointed Dr. Tanya Holt, Mr. Mark Ceaser and Dr. Ibrahim Khan to join Dr. Mark Chapelski – Chair, Dr. James Carter, Ms. Susan Halland, Dr. Brian Brownbridge, Dr. Grant Stoneham, Dr. Alan Beggs, Dr. Micheal Howard-Tripp and Ms. Sheila Torrance. Council also provided the committee with the authority to add additional members as it sees fit. The work of this committee has been delayed so as to be informed by the work of the Federation of Medical Regulatory Authorities of Canada's Committee on Telemedicine.

4. Council received a report from the Chair of the Supervision of Postgraduate Clinical Trainees Guideline Committee pertaining to clinical trainees and accepted the new policy related to the Supervision of Postgraduate and Undergraduate Clinical Trainees. This policy has been posted on the website.
5. Council received an update of the work from the committee reviewing the regulation of office procedures and potential bylaw amendments. Council appointed Dr. Olawale Igbekoyi as the Chair of the Committee related to the regulation of office procedures. The committee was directed to bring back two documents with the two options for Council's consideration with respect to the regulation of office procedures; a revised document related to cosmetic procedures and a general policy governing office procedures more broadly.
6. Council received a report from the Associate Registrar with respect to an inconsistency in the document *Opioid Substitution Therapy Guidelines and Standards for the Treatment of Opioid Addiction/Dependence* approved at the January meeting of Council. The document was amended to make it clear that physicians who do not have a methadone exemption from Health Canada can only prescribe methadone for hospital inpatients for the purpose of treating individuals with an opioid use disorder.

The updated document has been posted on the website.

Council referred concerns about the availability of methadone prescribers to provide advice to hospital physicians back to the Opioid Advisory Committee and asked for a report for the June Council meeting.

7. Council reaffirmed that the working committee reviewing mandatory use of PIP/education/prescription forgery strategies to include Dr. Alan Beggs – Chair, Dr. Brian Brownbridge, Dr. Mark Chapelski, Dr. Suresh Kasset, Mr. Leland Sommer and Ms. Julia Bareham. It is expected the committee will have a report for the June Council meeting.
8. Council received a report from the Associate Registrar on the Sale of Goods and Services by Physicians. Council considered the information gathered pertaining to other medical regulatory authorities' policies and guidelines related to selling products at a profit. Currently the only guidance in Saskatchewan for physicians related to the sale of products from their offices is in Bylaw 9.1. The matter was referred to the committee that is reviewing the regulation of office procedures, to prepare a report to Council with recommendations about the sale of products by physicians.

Council also directed College staff to bring back a document for discussion about conflict of interest bylaws.

9. Council received a report on possible bylaw amendments for terms of reference for College committees established in the Administrative Bylaws. Council approved a resolution to change the Terms of Reference for the Health Facilities Credentialing Committee by rescinding Administrative Bylaw 8.2(f) and substituting with the following:

(f) Health Facilities Credentialing Committee

(i) Composition

1. *The members of the Committee shall be appointed annually by the Council.*
2. *The membership shall consist of such persons as the Council may decide.*

3. *The Registrar may appoint a person to the Committee on an ad hoc basis if for any reason the Registrar considers it advisable to do so.*

(ii) Objectives

1. *At the request of the Registrar or the Registrar's designate, to review a facility that is applying for recognition under the Non-Hospital Treatment Facilities Bylaw of the College.*
2. *At the request of the Registrar or the Registrar's designate, to review the qualifications, training and experience of a physician to provide a recommendation respecting the procedures, if any, that the physician should be permitted to perform in a facility to which the Non-Hospital Treatment Facilities Bylaw of the College applies.*

(iii) Methods

1. *The Committee shall consider the provisions of the Non-Hospital Treatment Facilities Bylaw when providing the recommendations under the heading "Objectives" above.*

(iv) Reporting

1. *The Chair reports to the Registrar.*
2. *Committee minutes will be disseminated to Council for information.*

(v) Meetings

1. *The Committee will meet at the call of the Chair.*

Council also deleted the Administrative Bylaw with respect to the ad-hoc committee. Council agreed it can appoint a specific committee to "investigate and report to Council on any matter" and therefore there was no need for this bylaw. Council directed that College staff bring back for the June meeting recommendations related to the Advisory Committee on Medical Imaging, the ECG Committee and the Legislative Review Committee. There were no changes required to the Medical Imaging Audit Committee or the Quality of Care Advisory Committee.

10. Council received a report from Mr. Ken Smith, Chair of the Electoral District Committee. Council noted the current bylaws link the College's electoral boundaries to boundaries of the health regions which no longer exist. The issues pertaining to this were canvassed at the Council meetings of September and November 2017 and January 2018. Concerns raised by Council include:

- (i) Significant disparity in the number of electors in some electoral districts than in others.
- (ii) Difficulty in obtaining candidates for Council in some electoral districts.
- (iii) Lack of a reason to align electoral boundaries with the boundaries of health regions that no longer exist.

In September Council had constituted a committee consisting of Dr. Mark Chapelski, Dr. Grant Stoneham, Mr. Ken Smith - Chair, Dr. Edward Tsoi, Dr. Adegboyega Adewumi, Mr. Bryan Salte and Dr. Karen Shaw. Council received a report from the Chair and directed that the committee bring a bylaw amendment based on the recommended electoral districts to the June meeting. The committee is further directed to meet to discuss a transition strategy and provide recommendations to Council about transition.

11. Council reviewed the policy pertaining to the College Newsletter as it had reached its sunset date. The question as to whether the newsletter should include articles that are not necessarily the viewpoint of the College was discussed. Council confirmed the existing

policy which does not require all articles to align with the College's position on the topic. Council noted that there are a number of issues of interest to the profession and the public which have not resulted in Council taking a particular position.

The policy *College Newsletter* was adopted without amendment with a sunset date of 5 years.

Council directed staff to review the College's policy governance documents to identify if there are any inconsistencies between them and the policy *College Newsletter* and to report at the June Council meeting

12. Council reviewed the policy *Clinics that Provide Care to Patients who are Not Regular Patients of the Clinic*, made no amendments to the policy and adopted a sunset date of 5 years.
13. Council reviewed the policy *Patients who Threaten Harm to Themselves and Others*, adopted the policy without amendment and set a sunset date of 5 years.

These policies have been updated on the College website.

14. Council conducted a penalty hearing pertaining to Dr. Z. Chowdhary. Dr. Chowdhary admitted the charges laid against him. Council considered a joint recommendation for penalty from the Registrar's Office and from Dr. Chowdhary's legal counsel, Mr. David Thera. The charges admitted by Dr. Chowdhary are, as follows:

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

*You Dr. Zimran Chowdhary are guilty of unbecoming, improper, unprofessional, or discreditable conduct contrary to the provisions of section 46(o) and/or section 46(p) of **The Medical Profession Act, 1981** S.S. 1980-81 c. M-10.1, and/or bylaw 8.1(b)(ix) and/or bylaw 7.1 and/or paragraphs 6, 14 and/or 15 of the Code of Ethics contained in bylaw 7.1. of the bylaws of the College of Physicians and Surgeons of Saskatchewan.*

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

- a) On or about April 1, 2014 you performed a neonatal circumcision on a patient, hereafter referred to in this charge as patient "J.T.";*
- b) You failed to deal appropriately with the complications associated with the surgery you performed on J.T.;*
- c) On or about October 20, 2014 you saw patient J.T.;*
- d) Following your examination of J.T. you advised his parents that his condition was normal, or used words of similar meaning;*
- e) Following your examination of J.T. you advised his parents that there had not been any mistake related to the operation you performed on J.T., or used words of similar meaning;*
- f) Following your examination of J.T. you advised his parents that the other physicians who had been involved in J.T.'s care didn't know, or used words of similar meaning;*

g) Following your examination of J.T. you advised his parents that the other physicians who had been involved in J.T.'s were unsure, or used words of similar meaning;

h) Following your examination of J.T. you advised his parents that J.T. would grow out his condition and that no further surgery would be needed, or used words of similar meaning;

i) Following your examination of J.T. on October 20, 2014 you wrote to his family physician and stated:

"Now the parents are concerned that the skin is fused to the head of the penis. On examination it looks like to have healed well. I have reassured them that this is what happens when there is a lot of pre-pubic fat around the base of the penis. This gradually dissolves when the baby grows and the penis will eventually come out more. The amount of foreskin removed is carefully controlled by the Gomco clamp method which we use. It is just enough to uncover the head of the penis. If the penis shaft is smaller it tends to remain buried till the baby grows bigger. He does not any further surgery. They have been advised by other doctors that he will need further surgery and want to take the baby to Edmonton for further opinion."

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

- 1) Pursuant to Section 54(1)(e) of The Medical Profession Act, 1981, the Council hereby reprimands Dr. Chowdhary;
- 2) Pursuant to section 54(1)(i) of The Medical Profession Act, 1981, the Council directs Dr. Chowdhary to pay the costs of and incidental to the investigation and hearing in the amount of \$10,051.00. Such payment shall be made in full by May 16, 2018.
- 3) Pursuant to section 54(2) of The Medical Profession Act, 1981, if Dr. Chowdhary should fail to pay the costs as required by paragraph 2, Dr. Chowdhary's licence shall be suspended until the costs are paid in full.
- 4) 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 2 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. Chowdhary.

A written reprimand will be prepared and reviewed by Council at the next meeting in June.

15. Council received a report on the strategic plan for March reporting which included:
 - i. STRATEGIC PRIORITY 1 – OPTIMISE PRACTICE EXCELLENCE
 - Objective C1 – Improve Appropriate Assessment of Physicians for Entry to Practice
 - Objective C2 – Enhance Competencies throughout the Career Life Cycle (Revalidation)
 - Objective C3: Increase Compliance of Physicians Working within their Current Skills and Knowledge
 - ii. STRATEGIC PRIORITY 3: OPTIMIZE OPERATIONAL EXCELLENCE
 - Objective P4: Enhance Council Governance Practices
16. Council provided direction to the Registrar with respect to the invitation it extends to the Minister of Health and the Minister Responsible for Rural and Remote Health to attend Council meetings. Council expressed its preference to meet with the Ministers on a more regular basis. Council directed Dr. Shaw and Dr. Oberholzer to propose topics of mutual interest to the Ministry and to the College.

17. Council directed a committee be constituted to review payment issues pertaining to public members on Council. The committee will consist of Dr. Alan Beggs – Chair, Dr. Olawale Igbekoyi, Dr. James Fritz and Mr. Bill Hannah. Council will review the report of the committee at the June meeting.
18. Council also directed that Governance Policy GP – 8 be reviewed for update.
19. Council reviewed a request from Dr. A. Ali to allow him to appear before Council to make a presentation related to his application for restoration of his licence. Council declined Dr. Ali's request.
20. Council received a report from the Registrar with respect to the 2017 year end unaudited financial statements.
21. Council received a presentation from Ms. Tania Lafontaine and Ms. Erin Beckwell on Cultural Safety and Cultural Humility.
22. Council received a report from the Associate Registrar with respect to Council governance issues. Council directed that the Registrar arrange for a half-day session related to governance for a future Council meeting.
23. Council reviewed the membership of the Truth and Reconciliation Working Group. The committee consists of Mr. Ken Smith, Mr. Marcel de la Gorgendiere and Dr. Preston Smith. The Registrar provided an update that Ms. Heather Hodgson has resigned from the committee for personal reasons. The committee has the ability to add a member or members and to designate a Chair. The College will provide administrative support to facilitate a meeting and the provision of a report.
24. The Registrar alerted Council to the opportunity to enrol in the next session of "The Role of Practitioners in Indigenous Wellness". This online course runs from April 2 to July 13, 2018 for administrators and April 3 to July 13 for practitioners. The cost to participate in the program is \$575.00 plus GST for health professionals including our public members. Several staff and Council members will enrol in this session.
25. Council received a report from Dr. Werner Oberholzer with respect to SRNA's proposed bylaw amendments to enable RN(NP)'s to be able to facilitate maintenance prescribing for opioid substitution therapy and prescribing methadone for pain. Council reviewed the information provided by Dr. Oberholzer and the SRNA. Council supports the NP's ability to provide opioid replacement therapy.
26. Council reviewed possible bylaw changes for the ability of residents to sign Orders under *The Youth Drug Detoxification and Stabilization Act*. Council asked College staff to obtain information relating to current practices in relation to orders under *the Act* and report at the June Council meeting.
27. Council reviewed a request from a physician for Council's permission to provide prolotherapy under Bylaw 8.1, section (b), point (xv) 3. Council deferred the decision as the broader matter of how Council views professional standards and complementary and alternative therapies is being considered. Council directed that Bryan Salte and Dr. Alan Beggs provide a report for Council at the June meeting related to a College approach to

complementary and alternative therapies based upon a document developed by the College of Physicians and Surgeons of British Columbia.

28. Council reviewed a letter from the Canadian Society of Hospital Medicine that introduced the discipline of hospital medicine and the organisation the Canadian Society of Hospital Medicine (CSHM). Council received this for information only.
29. Council was apprised of the roll-out of Code Silver which is the standard provincial emergency code for an active assailant or a threatening person with a weapon inside a health facility. Code Silver is a planned response to ensure the safety of staff, patients, and others when an individual with a weapon is threatening, or actively injuring people at a healthcare facility and a police response is required. Council agreed that the Code Silver approach is an appropriate approach to an active assailant or active shooter in a healthcare facility.
30. Council received a report from Ms. Sheila Torrance, legal counsel on a number of considerations pertaining to offering support to complainants in the context of serious boundary violations.
31. Council received a report from Ms. Sheila Torrance on professional boundaries education and what exists currently in the undergraduate, postgraduate and SIPPA programs. Council directed that College staff work towards the College's participation in boundaries education for medical students and residents.

Council also approved College staff adding a module to the current online registration appointment for applicants for licensure, related to boundaries education. College staff was asked to explore options for adding boundary education requirements for licensed physicians.

32. Mr. Salte provided an update on the status of bylaws and confirmed that all outstanding bylaws have been published in the Gazette and are in effect.
33. Council received a report from the President on actions taken by the Executive Committee since the last Council meeting in January.
34. Council approved the wording of a reprimand pertaining to Dr. Svitlana Cheshenchuk (now Ziarko). This reprimand will be posted on the College website.
35. Council adopted reasons for its previous decision to uphold the Registrar's licensure decision pertaining to Dr. T. Akande.
36. Council reviewed a Preliminary Inquiry Committee Report pertaining to a physician and laid charges. A summary of the charges will be available on the website.
37. Council reviewed a request to amend a charge pertaining to a physician. The Council amended the charges which will be available on the College website.
38. Council was asked to consider the College's approach in addressing situations in which the Executive Committee has concluded that a formal disciplinary investigation is not warranted

but that there are unresolved quality of care concerns. Council directed that the Registrar's Office may take appropriate action in such situations.

39. Council directed the Registrar to provide feedback to a physician who had admitted unprofessional conduct and had a penalty imposed addressing conduct issues. The disciplinary action did not address quality of care concerns. The Registrar was asked to provide advice to that physician and also to another physician involved in the care of the patient.