



EXECUTIVE SUMMARY

of the

17 & 18 SEPTEMBER, 2021 COUNCIL MEETING

COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN

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

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

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

1. Council acknowledged that the land on which we gather is Treaty 6 Territory, the traditional territory and home of the Cree, Dakota, Saulteaux and Métis Nations. We would like to affirm our relationship with one another now and for the future, and our role in guiding the profession to achieve the highest standards of care to benefit all people in this territory equally.
2. Council adopted the agenda with an agreement to redact information that may identify the victims from Information documents, Info 177_21 and Info 178_21, if the documents are requested by a member of the public.

In addition, the home address and bank account information for Mr. Zhu will be redacted from Information document, Info 188_21, if requested by a member of the public.

3. Council reviewed and approved the Minutes pertaining to the open meeting of Council held on June 18 and 19th, 2021.
4. Council received a report from Ms. Sheila Torrance on the actions taken in relation to the "For Action Items" from the previous meeting.

5. Council reviewed and approved Monitoring Reports from the Registrar with respect to:
 - (a) The Registrar's advancement of Council's END – 5 – Medical Profession Prepared for the Future;
 - (b) The Registrar's Compliance with Council's Executive Limitation Policies pertaining to:
 - (i) EL – 3 – Financial Planning;
 - (ii) EL – 4 – Financial Condition;
 - (iii) EL – 5 - Asset Protection; and,
 - (iv) EL – 8 – Compensation and Benefits.
6. Council received a verbal update from Mr. Burton O'Soup, Chair of the Truth and Reconciliation Committee, on the progress of the work of this Committee. Mr. O'Soup gave an overview of the United Nations document entitled *United Nations Declaration on the Rights of Indigenous Peoples*. Council will review this document at its November meeting for consideration of it being recognized as a foundational document to support the work of the College's micro-reconciliation efforts.
7. Ms. Torrance provided an update on the public engagement opportunities as identified by the working group on developing better communication with patients. It was noted that this may be an opportune time for the College to consider refreshing its "brand" and messaging. It was also noted this public engagement piece overlaps with the work of the Truth and Reconciliation Committee, and Strategic Goal 1.

Council provided support for the following identified initiatives;

- Prepare educational pieces for publication on the CPSS Facebook page, linking to the Complaints page on the website;
- Identify organizations with shared mandates to help promote CPSS;
- Identify spaces the public may gather to provide information about CPSS.

Council noted that some of the funding budgeted for Strategic Goal 1 could be utilized to support the continuation of this work.

8. Council received a report from the Deputy Registrar on the progress of the SHA Medical Care Assistant Program. The committee is awaiting additional information prior to Council's further consideration.
9. Council considered feedback from the consultations on the Bylaw amendments approved in principle at the June meeting to accept SEAP attestation as a basis for eligibility for a provisional license. Council approved the amendments to Bylaws 2.5 and 2.6 and the Bylaws will be submitted to the Ministry for approval.
10. Council received a report from Ms. Torrance on removing the requirement of supervision for physicians who have a provisional license and who have certification with either RCPSC(C) or CFPC. Council approved the amendment to Bylaw 2.6 to remove the requirement for supervision of physicians who have achieved certification. It will be submitted to the Ministry for approval without further consultation.

11. Council agreed to the following dates for Council meetings:

- January 28 and 29th 2022;
- March 18 and 19th 2022;
- June 17 and 18th, 2022;
- September 30 and October 1, 2022; and
- November 25 and 26, 2022.

12. A request for consideration of expansion of the Neonatal Intensive Care Unit Clinical Assistant Program was received. In addition to the review of the written proposal, Dr. Daspal was available to answer questions concerning the request. Council approved the request for the expansion of the NICU Clinical Assistant Program to the Victoria Hospital in Prince Albert.

13. Council considered a possible amendment of Bylaw 26.1 for the use of Nitrous Oxide outside of a non-hospital treatment facility. Council approved in principle a bylaw amendment that would allow a physician to apply for an exemption from the requirement that a facility be approved as a non-hospital treatment facility, to utilize such medications. The matter will be returned to Council once consultation has been completed.

14. The Infection Prevention and Control (IPAC) Guidelines for Clinical Office Practice adapted for use in Saskatchewan from the Ontario document *Infection Prevention and Control for Clinical Office Practice*, was reviewed and approved with a new sunset date of 2026. The document will be placed on the website.

15. Council conducted a penalty hearing pertaining to Dr. A Narang. Dr. Narang admitted the charge laid by Council in September 2020. He admitted unprofessional conduct for accessing personal health information when he did not have an authorized purpose in doing so.

Submissions were made on behalf of the Registrar's Office by Ms. Sheila Torrance and submissions on behalf of Dr. Narang were made by Ms. Anita Fraser. A joint submission with respect to the penalty order was provided with the exception of the length of suspension.

The Penalty Order directed by Council included a 3 month suspension, a reprimand, a requirement to complete 3 courses pertaining to medical ethics and professionalism, privacy, confidentiality, and privacy awareness in healthcare training, and to pay costs.

16. Council received a report from Ms. Rochelle Wempe and directed a previously constituted committee that is developing the Responsibility for a Medical Practice document, to review the Patient-Physician Relationships Guideline and Physicians/Surgeons Leaving Practice Policy and consider revising the two documents into three policies: Establishing Patient-Physician Relationships, Ending Physician-Patient Relationships and Physicians and Surgeons Leaving Practice.

17. Council received a report with respect to the Physician Certification of Work Absence or Accommodation due to Illness or Injury and Completion of Third-Party Forms Policy and the guideline Non-Treating Medical Examinations, and directed that a committee be constituted to review these policies and guideline. Council directed that a particular physician with experience in the completion of these forms be approached to serve on this committee, along with seeking a member from the Saskatchewan Medical Association. In addition, the committee will be comprised of Dr. Alan Beggs, Dr. Olawale Igbekoyi, Mr. Ken Smith, Dr. Werner Oberholzer and Ms. Sheila Torrance.
18. Council reviewed the Scope of Practice Change Policy and accepted minor amendments with a sunset date of 5 years. The policy will be posted on the College website.
19. Council reviewed the policies Performing Office-Based Insured Procedures and Performing Office-Based Non-Insured Procedures and directed that the matter be tabled to the November meeting after the policy on Responsibility for a Medical Practice is completed.
20. Council approved minor amendments to the administrative bylaw relating to the Finance and Audit Committee.
21. Council received a report from the Director of Accounting and Finance on the unaudited financial statements for the period ending 30 June 2021.
22. Council approved the draft budget for 2022.
23. Council received a written report with respect to the progress of the implementation of the College's strategic plan. Council received a presentation on the progress to date on Strategic Goal #4 from Ms. Nicole Bootsman, Clinical Pharmacy Manager of the PRP and OATP. Council provided additional input into the initiatives that could be utilized towards achieving Strategic Goal #2.
24. Council determined it would not change the process of a physician seeking the Registrar's approval to prescribe methadone or buprenorphine for the treatment of opioid use disorder. Council recognizes the vulnerability of this population of patients and wishes to ensure that appropriate education, training and mentorship of physicians is supported.
25. Council approved amendments to the Opioid Agonist Therapy Program Standards and Guidelines to permit virtual training to remain as an alternative to direct training.
26. Council approved additional amendments to the Opioid Agonist Therapy Program Standards and Guidelines, to be circulated for stakeholder consultation with a report back to Council at its November meeting.
27. Council approved amendments to replace the use of the word "addiction" with "opioid use disorder" in Bylaw 19.1. These amendments will be submitted to the Ministry for approval.

28. Council appointed Dr. Suzanne Meiers, Dr. Omopelola (Lola) Sotomi, and Mr. Chris Boychuk to the Discipline Committee.

Council also determined it would consider public members in addition to administrative lawyers as members of the Discipline Committee.

29. Council approved a statement that the College of Physicians and Surgeons of Saskatchewan supports mandatory vaccination of all physicians licensed in the province as articulated in the directives of the Saskatchewan Health Authority and the Ministry of Health.
30. Council also reviewed a statement regarding vaccine "exemptions" and directed the Registrar's Office to circulate the statement.
31. Council reviewed the general advice provided by the Quality of Care department when providing physicians and the public information regarding immunization and masking.
32. Council considered a request from a physician to amend the terms of his undertaking and approved the request.
33. Ms. Caro Gareau updated Council on the completion of the Annual Report and the feedback to date, which has been positive.
34. Ms. Sheila Torrance reported on the status of bylaws. All outstanding bylaws except Bylaw 2.17 were approved and are expected to be Gazetted September 17, 2021.
35. Council conducted a penalty hearing pertaining to Mr. Huangrui Zhu after he admitted to a charge of unprofessional conduct for copying and retaining documents and failing to take appropriate care in disposing of documents containing personal health information and personal information.

Submissions for the Registrar's Office were made by Ms. Sheila Torrance and Mr. Zhu represented himself.

In the context of an undertaking provided by Mr. Zhu and a certificate confirming his completion of an ethics course, the Penalty Order included a reprimand and payment of costs.

36. Council adopted the in-camera session minutes for Friday 18th and Saturday 19 June, 2021.
37. Council received a report from the President, Dr. Igbekoyi, pertaining to the actions taken by the Executive Committee since the June Council meeting.
38. Council adopted the terms of the reprimand and reasons for the decision on Dr. O. Oladipo. These will be posted on the College website.
39. Council adopted the terms of the reprimand on Dr. S. Bell and this will be posted on the College website.

40. Council adopted the terms of the reprimand on Dr. J. Steplewski and this will be posted on the College website.
41. Council adopted the terms of the reprimand on Dr. E. Tsoi and this will be posted on the College website.
42. Council considered the outstanding charges against Dr. A. Ernst and decided that in the context of his undertaking and resignation from practice, the College will not prosecute these two outstanding charges. Reasons for its decision will follow.
43. Council considered a preliminary inquiry committee report and determined no charges would be laid against a physician. Reasons for its decision will follow.
44. Council received a report on the process for amending charges from Ms. Rochelle Wempe. Going forward, the Executive Committee is authorized to consider whether the College will accept an admission to part of a charge of unprofessional conduct and is also authorized to amend charges laid by the Council.
45. Council received a report from the Registrar pertaining to costs for preliminary inquiry committees and supported the Registrar to continue to retain investigators on an ad hoc basis.
46. Council considered a preliminary inquiry committee report and charged a physician with unprofessional conduct arising from a delivery in July 2019. The synoptic charge will be posted on the College website.
47. Council considered a preliminary inquiry committee report and declined to charge a physician.
48. Council accepted the proposed alternative dispute resolution terms in relation to a physician.
49. Council received a report with respect to a request for an appeal of a Quality of Care Advisory Committee decision. Council determined that due diligence was taken in the review and determined that the matter be returned to the Registrar for further resolution of the matter.
50. Council members were reminded that a decision template is available for use when drafting reasons, should they wish to use it.
51. Council received a report on the progress of cases on the discipline tracker.
52. Council received a report on the progress of cases reviewed within the quality of care process.
53. Council assessed its meeting and requested additional tools in which to use when assessing future meetings.
54. Ms. Sheila Torrance provided the "For Action Items" list.