CPSS College of Physicians and Surgeons of Saskatchewan

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doctalk

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The results are in!

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What you should know

Renewal 2024

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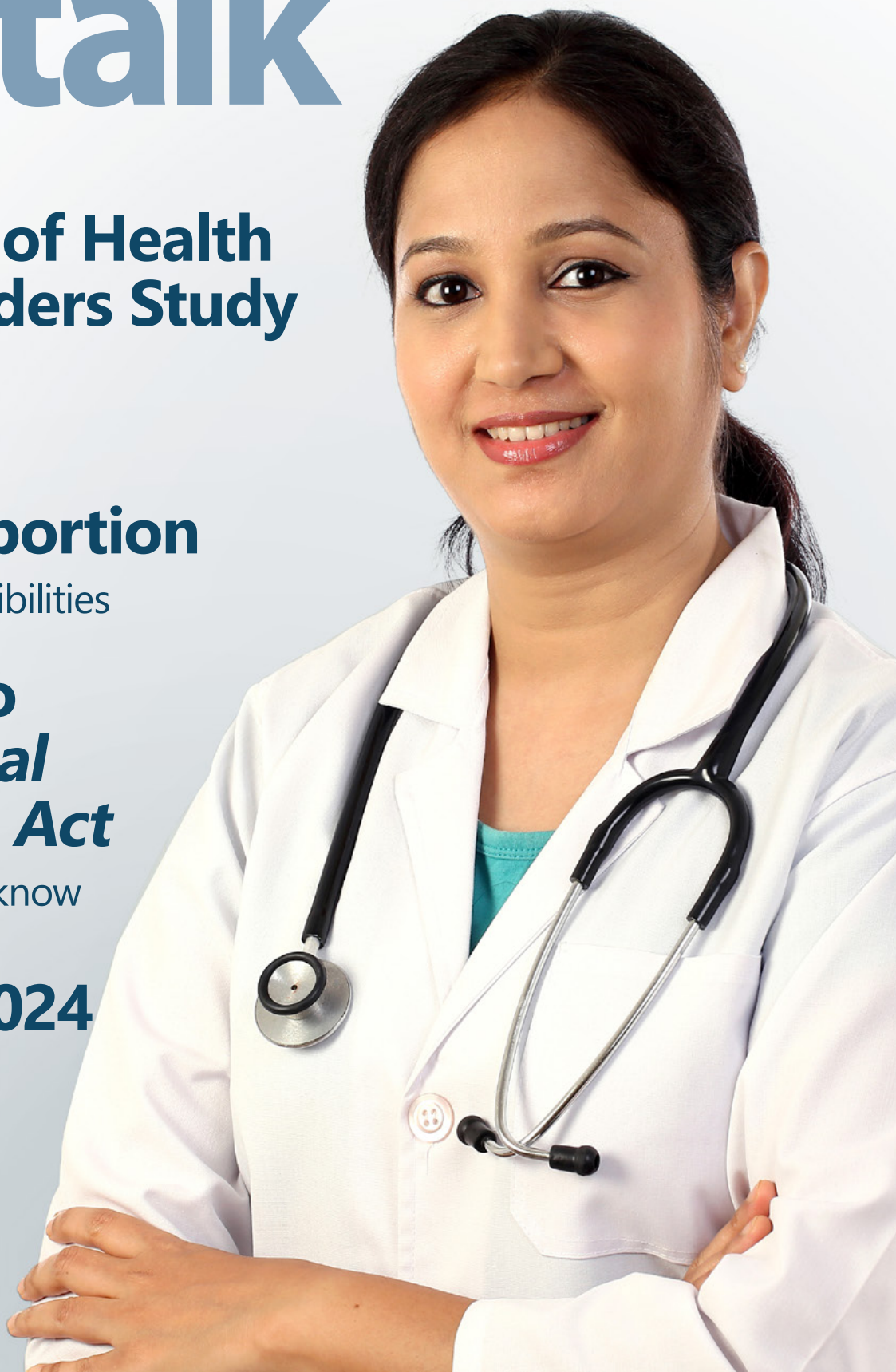

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From the President and Registrar

Dr. Alan Beggs
CPSS Council President

Dr. Karen Shaw,
CPSS Registrar & CEO

Message From the President of the Council

By Dr. Alan Beggs, CPSS Council President

The membership will be aware that 2023 is a year of transition at the College of Physicians and Surgeons of Saskatchewan (CPSS). Dr. Karen Shaw will be retiring as of July 2023. Dr. Shaw has been a great steward of College resources over her years as Registrar. There has been no greater advocate for the safe and ethical delivery of health care for the people of Saskatchewan. It is with significant sadness that we bid farewell to Karen who has been a mentor and great friend to many of us on Council. As we move forward, we welcome Dr. Grant Stoneham to the role of Registrar. Grant has served the Council for many years and has also provided guidance to the Saskatoon area of the Saskatchewan Health Authority (SHA) as the Area Chief of Staff. We look forward to his transition into this new and exciting role. The landscape of medical regulation in Canada has never been so volatile. Grant will have a monumental task to guide the College as we navigate new and ever-changing regulatory legislation and inter-provincial relationships. Welcome Grant!!

THE REGULATORY LANDSCAPE

I recently was honored to address the Spring representative assembly of the Saskatchewan Medical Association. My address focussed on the significant volatility surrounding medical self-regulation. Just this week the Ministry of Health has approached the Network of Inter-professional Regulatory Organizations (NIRO) to articulate its intent to undertake an overhaul of the regulatory legislation that governs all regulated health professions in Saskatchewan. We are not clear on what the draft legislation will potentially mean to the CPSS, but we will be active in stakeholder consultation to ensure that we continue to advocate for independent responsible self-regulation of medicine.

The CPSS has also been actively monitoring the national trends in licensure. Medical human resource shortages in every province and territory have initiated a number of changes in several jurisdictions with respect to licensure requirements in order to get more 'boots on the ground.' This is a regulatory evolution that will potentially impact the standards previously relied upon to determine the eligibility of physicians for licensure in Saskatchewan. The Canadian Medical Association (CMA) has been very vocal in its desire to see a pathway for national licensure. It has been proposed that such licensure will improve

patient access in underserved and locum circumstances. At the most recent meeting of the Federation of Medical Regulatory Authorities of Canada (FMRAC) in Nova Scotia, there was consensus from all of the provincial and territorial Colleges that while national licensure may improve remote access in limited circumstances, it would not increase capacity whatsoever. This dichotomy is challenging to rationalize in public discourse but remains self-evident. In an attempt to remove perceived barriers to physician mobility, FMRAC has committed to examine a multi-jurisdictional licensure model similar to the Atlantic registry currently in place on the East Coast. We hope to evolve this model to a national scale. There remains considerable skepticism amongst regulators that such a program will have any tangible effect on patient access to health care, but we are agreed that removal of barriers to physician mobility is a laudable goal and a workable process that deserves our effort and resources.

Hold on to your hats, it's going to be an interesting couple of years!

Dr. Beggs is President of Council (2023) and an orthopedic surgeon who practices in Regina. He has served on Council and its committees in various roles for many years, including previously as President of Council.

Message From the Registrar

By Dr. Karen Shaw, CPSS Registrar & CEO

IT IS TIME TO SAY GOODBYE

I have been involved with the College since I served as a councillor from 1996 to 1999. I was then contracted to oversee the complaints process for two years before I accepted a fulltime position as the Deputy Registrar in 2001, a position I held until 2011, when I became the Registrar.

Working as a regulator was not what I planned to do in medicine. I was a general practitioner at heart, and I loved my practice which spanned the generations and all domains of family practice. However, life has a habit of getting in the way of other plans and sometimes it takes you down a different path. While I did not plan to become a "regulator", I can honestly say the time spent serving the public by being involved with the regulation of medicine has been interesting and fulfilling, albeit challenging.

Unfortunately, it feels like some of the good work completed over many years, such as standardizing licensure requirements across the country, has been unravelling at top speed lately, as provinces seek to meet their needs for physician capacity. There has been an increase in scrutiny of the work of the regulators by governments, and in some provinces, directives from ministries to license outside of the regulators' current processes.

Saskatchewan is known for its collaborative approaches. The College has been as flexible and creative as possible to meet the needs for more physician capacity. Covid has left us a legacy of closer relationships with our healthcare partners, which helps as we work together to meet the medical needs of our

population. I have faith that this work will continue to evolve in this province, while still respecting the importance of maintaining appropriate standards.

Physician health has always been a keen interest of mine. We simply cannot provide good medical care without having healthy physicians. I am grateful for the work that has been done to increase the focus on physician health in our current environment. The increase in services at the Saskatchewan Medical Association (SMA) Physician Health Program, along with the wellness work in the departments within the Saskatchewan Health Authority (SHA), are welcome additions. Physicians need to practise with more kindness towards themselves and their colleagues. I recently attended a Meditation and Mindfulness course for physicians and their partners in Tofino, B.C. It was a little out of my comfort zone, but well worth the effort on several fronts.

I am aware that there is provider distress within the healthcare system. It is worrisome to hear the distress of young physicians who are questioning whether they want to continue with medicine when they have only practised a short time. Overwhelming work obligations seem to be a pervasive problem here and across the country.

Dr. Mark Sherman at the workshop taught techniques that you can use in a very short amount of time to help ground you before you enter the room of another patient, or after you have a challenging encounter with a patient or a colleague. Some of the techniques taught were STOP, SOBER Breathing and 54321. These are all available on the internet. These techniques work to ensure that you provide the next patient your focussed attention and you don't carry the problems of your day home to your family. I hope you will look at these techniques to see what you can incorporate that will make your days better.

When one looks back, it is easy to see the things that remain to be completed instead of the things you have accomplished. It is no different for me. I had hoped we would be farther along with the work to assist physicians to remain competent and confident as they proceed through their careers. This work will require the work of many of our national partners - Medical Council of Canada (MCC), Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC), Federation of Medical Regulatory Authorities of Canada (FMRAC) - to accomplish. There are many other projects to accomplish such as streamlining processes between our Registration services and the SHA, more work on Equity, Diversity and Inclusion (EDI) etc. The list is long.

Thank you for the opportunity to serve the public as your Registrar. I hope I have served with kindness. I have the utmost respect for all you do as physicians, and I wish you well in your continued practice. Be kind to yourselves and others and stay well.

Dr. Karen Shaw has served as Registrar and CEO of the College of Physicians and Surgeons of Saskatchewan since 2011, and is retiring in July 2023.

Council News

Council Meeting Highlights

MARCH 23-24 AND JUNE 2-3 MEETINGS AND JULY EMAIL VOTE

- The Diversity and AntiBias Committee recommended that courses on *Understanding Unconscious Bias* and *Addressing Unconscious Bias* be mandatory for Councilors and members of certain committees, and that a further detailed course on anti-racism be considered. READ MORE

- Following a report on concerns expressed by physicians about the extent of their responsibility to meet the requirements of the Medical Practice Coverage policy, noted that the previously appointed committee will review this issue in conjunction with its sunset review of the policy, and bring recommendations back to a future meeting of Council. Pending this review, physicians who do not currently have an established process for after-hours calls from patients can defer adopting new processes until the Council provides further direction READ MORE

- Council adopted Regulatory Bylaw amendments that permit licensure of physician assistants. The bylaws have been submitted to the Ministry of Health for approval. READ MORE

- During a review of CPSS Strategic Goal #4 Optimizing Opioid Prescribing, Council decided that the individual physician snapshot of Prescription Review Program (PRP) medication prescribing should be distributed to each respective physician.

- Council decided to no longer award the Dr. Dennis A. Kendel Distinguished Service Award. A committee will meet to consider other ways of providing positive feedback to physicians.

- Council agreed to recommend that the Registrar accept alternate proof of English Language Proficiency for International Medical Graduates from English-speaking nations.

- Council approved late fees to be applied for late renewal of physician licensure and corporation permits. The new fees are expected to be implemented for the 2024 Licence Renewal in Fall 2023. READ MORE

- Council adopted a regulatory bylaw amendment to allow the Registrar to accept alternative proof of medical knowledge in addition to the Medical Council of Canada Qualifying Examination 1 (MCCQE1) and USMLE for licensure. The bylaw amendment has been submitted to the Ministry of Health for approval.

- If the regulatory bylaw amendment to allow the Registrar to accept alternative proof of medical knowledge comes into effect, Council approved three scenarios in which the Registrar may accept alternative proof of medical knowledge.

- Council approved a program for a pre-licensure assessment of anesthesiologists. Physicians who are approved to be assessed by the program and who meet the other requirements for licensure will initially be granted an educational licence. The process will be similar to the process for SIPPA assessments

The 2022 CPSS Annual Report

It is with pleasure that the Council and the College of Physicians and Surgeons of Saskatchewan present to you their 2022 Annual Report.

We hope that you will enjoy learning about the College's endeavors to improve its services in fulfilling its mission to serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.

An annual report is the fruit of much collaboration and many hours of work, and we have strived to bring to you the most accurate and relevant information possible on the College's activities for the 2022 calendar year.

Click below to access the full 2022 CPSS Annual Report.

Online Animated Version || PDF version

**Please distribute to others who may be interested.*

Legally Speaking

UPDATE: Medical Practice Coverage

All physicians should have recently received an email from the College with an update relating to the expectations contained in the Medical Practice Coverage policy. In case you missed it, the update follows:

As you know, the College has provided previous communications and education on the expectations contained in the Medical Practice Coverage policy. One of the issues that has attracted the most questions and concerns from physicians is the expectation that specialists who are involved in direct patient care must make arrangements for patient phone calls after hours. While there has been a longstanding expectation that primary care providers have this in place, it is understood that while most specialists participate in call groups, those groups typically address after hours calls from other physicians, hospitals and other healthcare providers, but not patients. Many specialists have raised their concerns with the College, and we appreciate their input. The Registrar's office presented this information to the Council at its meeting in early June, and the Council directed an interim communication to all CPSS members.

The Medical Practice Coverage policy is currently undergoing a sunset review by a Council committee. As part of that review, the appointed committee will consider this issue of the scope and expectations of specialists for after-hours calls from patients. While we appreciate the initiative and recognize the potential benefits of an on-call system where patients would have direct access to the most responsible physician after-hours, the Council has directed that physicians who do not currently have an established process place these efforts temporarily on hold. The reason behind this suggestion is to allow the College committee to complete their ongoing consultation and impact assessment, ensuring that the implementation of such a system aligns with the best interests of our patients and the intent of the practice policy for providing coverage.

This does not, of course, impact on the usual specialist call schedule or the arrangements already in place in family medicine practices.

We understand the importance of effective communication and transparency among our physician colleagues. We will keep you and all physicians informed about the progress of the College committee's consultation and impact assessment. Once the Council considers the committee's recommendations (likely in September or November 2023), we will notify all physicians of the opportunity to participate in the consultation process.

We believe that collaborative decision-making is essential in maintaining the high standards of care we provide to our patients. By allowing the College committee to complete their assessment and consultation, we can ensure that the expectations of an on-call system are relevant in the most effective and efficient manner possible.

The College's compliance testing of physician answering machines, as set out in the policy (and followed up by an email blast to the profession on December 16, 2021 providing further education on compliance and an infographic "Setting Messages on a Physician Office Answering Machine") will still proceed to gather data which will inform the work of the College committee. Physicians/physician practices have been randomly allocated to be contacted during and after hours, and if not compliant, physicians will receive further educational communication in this regard. This process was described in the March 2023 DocTalk article "Planning for CPSS data collection / compliance monitoring process related to the Medical Practice Coverage policy."

Thank you for your understanding and support in this matter. If you have any questions or concerns, please do not hesitate to reach out to us. We are available to discuss this further and address any questions you may have.

Dr. Werner Oberholzer

Dr. Werner Oberholzer is Deputy Registrar with the College of Physicians and Surgeons of Saskatchewan and is certified in Family Medicine, Emergency Medicine, and Care of the Elderly.

Changes to *The Medical Profession Act, 1981*

Changes were recently made to all health regulatory legislation in Saskatchewan, including The Medical Profession Act, 1981.

The most important changes from the College's perspective are the following:

- There are new provisions to address concerns about a physician's **fitness to practice.** Prior to these changes, if there were concerns about a physician's performance arising from a physician's fitness to practise, the only tools available to the College were to take disciplinary action or assess the physician's competence. The fitness to practice regime in the new legislation will allow the College to address such concerns using a medical model.
- The **Executive Committee** now has the authority to require a physician to take **remedial training** (a specified continuing education or remediation program or **SCERP**) if, as a result of an investigation. the Executive Committee concludes that is the appropriate outcome. The change to *The Medical Profession Act, 1981* is based upon the legislation in Ontario. Prior to this change, the College often entered into alternative dispute resolution agreements with physicians but had no authority to require a physician to undertake remediation except as part of a penalty order after the physician had admitted or been found guilty of unprofessional conduct. This change will allow additional flexibility to resolve concerns about a physician's conduct through education, without charging the physician with unprofessional conduct.

- The **Executive Committee** now has the authority to **suspend** a physician from practice or to **restrict** a physician's practice. Prior to the change in the legislation, the only authority was to suspend, not restrict, a physician's ability to practise and a suspension order made by the Executive Committee was only in effect until the next Council meeting when the Council would determine whether the suspension should continue.

- The Council now has the authority to develop bylaws to determine **how individuals become members of Council**. The Minister of Health will continue to appoint 5 members to the Council. Prior to the change in the legislation, all other Councillors were elected and only physicians were eligible to be elected to Council.

- If the Executive Committee concludes that a physician has likely committed a criminal offence, it is required to **notify a law enforcement agency**. There was no such requirement prior to the legislative change although that requirement existed in several other health regulatory statutes.

Mr. Bryan Salte

Bryan Salte is Associate Registrar and Senior Legal Counsel at the College of Physicians and Surgeons of Saskatchewan.

CPSS Expected to Start Licensing Physician Assistants Soon

Amendments to *The Medical Profession Act, 1981,* not yet in effect, will give the College the authority to license physician assistants (PA). The Government of Saskatchewan has stated that it intends to create 12 physician assistant positions in the healthcare system in Saskatchewan.

Physician assistants (PAs) have specific training and most will have completed training at one of the three current PA programs – Manitoba Masters of PA studies, McMaster University PA Education Program or PA Consortium (University of Toronto/NOSM/Michener). They will then complete the PA Entry to Practice Examination offered by the Physician Assistant Certification Council of Canada.

The Council has now approved bylaws that set standards for physician assistant licensure and set out conditions for PAs to work in Saskatchewan. Those requirements include supervision by a physician and filing a practice plan which must be approved by the Registrar setting out the details of the PA's practice.

When the Minister approves the bylaws, the College will be able to license individuals to practise as physician assistants in Saskatchewan.

Mr. Bryan Salte

Bryan Salte is Associate Registrar and Senior Legal Counsel at the College of Physicians and Surgeons of Saskatchewan.

Changes to Regulatory Bylaws

The College's Regulatory Bylaws establish expectations for physicians and for the College. They establish practice standards, establish a Code of Ethics and Code of Conduct, define certain forms of conduct as unprofessional and establish requirements for licensure.

*There have been **ten** changes to College regulatory bylaws since the last edition of the Newsletter.*

Regulatory bylaw 2.11 – Licensure for Purposes of Telemedicine

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

Regulatory bylaw 2.12 – Educational Licensure

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

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

The Council adopted an amendment to the definition of the "standard of practice of the profession," by adding the statement that a physician does not fail to maintain the standard of practice of the profession if there exists a responsible and competent body of professional opinion that supports the physician's conduct or judgment.

Regulatory bylaw 9.1 - Conflict of Interest

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

Regulatory bylaw 11.2 – Hearings before the Discipline Hearing Committee

The Council adopted amendments to bylaw 11.2 to establish the position of the hearing administrator (previously being piloted) as a permanent position. The bylaw establishes the process for prehearing conferences and the powers of the hearing administrator in facilitating those conferences. Related to this amendment were minor amendments to bylaw 15.1 to include the expenses of the hearing administrator and legal costs related to the prehearing conference as expenses that can be included in a costs order. The previous bylaw 11.2 has been renamed 11.3.

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

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

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

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

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

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

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

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

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

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

Policy, Standard and Guideline Updates

Council regularly reviews the policies, guidelines and standards which are then made available on the College's website.

Since the last edition of DocTalk, Council has updated two policies/guidelines/standards.

***Click on each title below to view the complete version of the policy, standard or guideline.**

UPDATED GUIDELINE – Patients who Threaten Harm to Themselves or Others

At its March meeting, the Council adopted an updated version of the guideline "Patients who Threaten Harm to Themselves or Others." Amendments were fairly minor and included the addition/ modification of headings and updating references to the applicable legislation.

UPDATED POLICY – CPSS Publications

At the June meeting, the Council considered the former "College Newsletter" policy that had reached its date for sunset review. The Council approved an updated policy with a new name, "CPSS Publications" and assigned a 5 year sunset date. Amendments included the following:

- The addition of the Council President as an ex officio member of the CPSS Publications Advisory Committee;
- The addition of a three-year term for appointed members of the committee;
- The addition of the task for the CPSS Publications Advisory Committee to provide feedback and recommendations on publications other than the newsletter (such as the content of the Annual Report).

Discipline Updates

The College reports discipline matters in the next issue of the Newsletter after the disciplinary action is complete. The College website also contains information on discipline matters that are completed, matters resolved by post-charge alternative dispute resolution (ADR) and matters where charges have been laid but have not yet been completed.

The website contains additional details about all disciplinary actions taken by the College since 1999. That includes information about the charges, a copy of the discipline hearing committee decision if there was a hearing, and the Council decision imposing penalty. If a discipline matter was resolved through post-charge ADR, the information will include a copy of the undertaking signed by the physician or a summary of the terms to be completed.

*There have been **four** discipline matters completed since the last Newsletter report.*

Dr. Albert Albertyn

Dr. Albertyn admitted unprofessional conduct in relation to criminal convictions for criminal harassment and three counts of breaching his undertaking to the court. Given that Dr. Albertyn had signed an undertaking with the College and had been out of practice for some time, the penalty order included a written reprimand and the payment of costs.

Dr. Mosenza Kiapway

Dr. Kiapway admitted unprofessional conduct for failing to complete two terms of an undertaking within the specified timelines, and was reprimanded by Council.

Dr. Anatole Nguegno

Dr. Nguegno admitted three charges of unprofessional conduct. The charges state that he altered medical records that had been requested by the Joint Medical Professional Review Committee (JMPRC), provided dishonest information to the JMPRC in relation to the altered records, and inappropriately billed for medical services between November 1, 2015 and May 24, 2017. The College's penalty order included a written reprimand, suspension of his inactive licence for 3 months, the requirement to successfully complete courses in ethics and medical record-keeping, a fine in the amount of $15,000, and the payment of costs of and incidental to the investigation and hearing in the amount of $38,743.17.

Dr. Andre Van Der Merwe

Dr. Van Der Merwe admitted to unprofessional conduct for entering into an agreement to act as the medical director of BodySculptingRegina, failing to obtain College approval under bylaw 4.1 for the provision of Botox and dermal fillers, failing to exercise appropriate supervision and/or oversight for the injections of Botox and dermal fillers, and failing to exercise due diligence to ensure he was acting in accordance with College bylaws and policies. The penalty order included a reprimand and payment of costs in the amount of $2,547.00.

Addressing Quality of Care

Access to Medical Abortion in Saskatchewan: Physician Responsibilities

Mifegymiso is the first oral product approved by Health Canada for medical termination of a pregnancy of up to 9 weeks gestation. The drug combination has been fully covered under the provincial drug plan since 2019, Saskatchewan having been the last province in Canada to approve this funding. There is now also a **billing code** for Saskatchewan physicians who prescribe the medication.

There are three different ways for patients to receive the treatment. All three involve the assistance of a physician or nurse practitioner, as well as a pharmacist.

It has become evident that there may be some confusion on the part of physicians regarding their roles in providing this aspect of care to patients. In addition, it is acknowledged that there are physicians who, for personal reasons, do not wish to provide this service directly. It is not mandated that physicians take the training to become prescribers of this drug.

Particularly in more rural and isolated communities, where there may not be any physicians who are prescribers, many patients have experienced difficulty in receiving medical abortion services. In fact, the biggest barrier to receiving the service is no longer cost, but a lack of providers. This has the greatest impact among patients from rural and remote areas, who already have limited geographic access to alternate reproductive and abortion services.

For a number of reasons, it would not be appropriate to maintain a public directory of prescribers. However, as a legal and publicly funded medical service, medical abortion is now considered one option for patients who require pregnancy-related care. It would not be acceptable for a physician to refuse the service without offering a referral to an alternate provider, or to omit the option from discussion with patients who might be candidates.

It is the responsibility of the prescribing provider to ensure that an eligible patient receives an adequate workup to determine whether the patient can safely undergo a medical abortion. The patient must provide informed consent for the process. For this reason, the medication must be prescribed; it cannot be dispensed directly without a prescription. Options are to have it delivered to the prescribing practitioner's office, or to have it dispensed by a pharmacist, or prescribing health care provider, to the patient. More information about prescribing is outlined in the following documents.

Mifegymiso: Information for the Prescribing Physician

Mifegymiso Product Monograph

No physician is obligated to provide a service such as termination of pregnancy if it is against their personal beliefs. However, the CPSS Policy on Conscientious Objection recognizes a patient's right to access legal and publicly-funded health care services, and states that "*Patients should not be disadvantaged or left without appropriate care due to the personal beliefs of their physicians*". Should a patient require access to an eligible service, a physician who is unable or unwilling to provide this service must "*provide full and balanced health information, referrals, and health services to their patients in a non-discriminatory fashion*".

In addition, CPSS Bylaw 7.1, the Code of Ethics, states that a physician must consider the well-being of the patient, and must accept the patient without discrimination on the basis of characteristics which includes their ***medical condition***. It is stated in the bylaw that physicians should act according to their conscience but meet their duty of non-abandonment.

This is an area of practice that is recognized as being potentially divisive, and which is uncomfortable for many of us. Physicians should ensure, however, that their own views do not compromise their patients' access to medical services.

Dr. Valerie Olsen

Dr. Valerie Olsen is Senior Medical Advisor with the Quality of Care Department at the CPSS. Her specialty is general surgery.

Stigma Matters: Combatting Discrimination and Building Support for People Who Use Drugs

Stigma is a pervasive issue that affects various aspects of society, including the way we perceive and treat individuals who use drugs. Negative attitudes, beliefs, and behaviors towards this group of people can have far-reaching consequences, leading to discrimination, prejudice, judgment, and stereotypes. The impact of stigma is particularly pronounced for those struggling with addiction, creating significant barriers to seeking help and support. It is essential that we recognize the detrimental effects of stigma and work together to eliminate it from our communities.

With the increased availability of medical records in the eHR viewer and on MySaskHealthRecord we wish to remind physicians to pay attention to the language they use when providing care to this vulnerable patient population.

Stigma can have detrimental effects on individuals who use drugs, preventing them from seeking the assistance they desperately need. Fear of judgment or the potential repercussions with work, loved ones, or the law may discourage someone from reaching out for help. Consequently, many individuals resort to hiding their drug use or consuming drugs alone, perpetuating a cycle of isolation and increased risk.

Stigma can also affect a person's ability to secure stable housing and employment, ultimately impacting their overall health and quality of life. Moreover, when individuals who use drugs do access healthcare services, the presence of stigma often results in a lower quality of care and inadequate support from the healthcare system.

Language plays a significant role in perpetuating or combating stigma. This also applies how we use our medical records, notes, referral letters and how we speak to each other in the healthcare system when discussing patients.

The words we choose to describe drug use can either contribute to the negative portrayal of individuals or foster a compassionate and understanding environment that encourages seeking help. Using person-first language is crucial in reducing stigma. Instead of labeling individuals as "*addicts*," "*junkies*," or "*users*," we should refer to them as "*people who use drugs*" or "*people with an addiction or substance use disorder*."

"*Addicted baby*" should be replaced by "*baby exposed to opioids*" and "*clean (or dirty)*" toxicology results by "*negative (or positive)*" toxicology results.

The alternatives to the stigmatizing language are consistent with the **Diagnostic and Statistical Manual of Mental Disorders (DSM-V)**.

This simple shift in language can have a profound impact on how individuals perceive themselves and how society views and treats them. Additionally, it is important to use neutral, medically accurate terms when discussing drug use, avoiding stigmatizing phrases such as "*drug/substance abusers*" or "*drug/substance misuse*."

An example is the **Canadian Centre on Substance Use and Addiction**: "*Our commitment to ending stigma is clear. In 2017, we dropped the word "abuse" from our title to officially become the Canadian Centre on Substance Use and Addiction.*"

To effectively combat stigma, it is crucial to understand its different forms and the complex social process of labeling, stereotyping, devaluing, and discrimination:

- Self-stigmatizing occurs when individuals internalize negative messages about people who use drugs and apply them to themselves. (Intrapersonal)
- Social stigma, on the other hand, refers to negative attitudes and behaviors directed towards people who use drugs or their friends and family. (Interpersonal)
- Structural stigma encompasses discriminatory or exclusionary policies, processes and systems within health and social services that perpetuate stigma and create barriers to accessing help and support.

Ending stigma requires collective effort and a commitment to change. Here are some important steps we can all take to reduce stigma:

1. Do not define any person solely by their drug use. It is essential to recognize that drug use is just one aspect of a person's life and does not define their worth or character.
2. Approach individuals who use drugs with respect, compassion, and care. Treating them as equals and showing empathy can make a significant difference in their willingness to seek help and engage in recovery.
3. Educate your friends and family about the realities of drug use. Share factual information and challenge stereotypes and misconceptions. By dispelling myths, we can promote a more informed and understanding society.
4. Recognize that addiction is a treatable medical condition, not a choice. Just like any other medical condition, individuals with addiction deserve access to appropriate care and support.
5. Reflect on your own attitudes and behaviors, as they may be influenced by stereotypes, negative stories, and images about people who use drugs. Strive to overcome these biases and treat everyone with dignity and respect.

By taking these steps, we can contribute to a society that supports, uplifts, and empowers individuals who use drugs. It is crucial to remember that behind every label or stereotype, there is a person with a unique story and the potential for recovery and transformation.

Let us work together to end stigma and create a more compassionate and inclusive medical care system in Saskatchewan.

Additional resources:

Health Canada article: "Stigma – Why Words Matter"

Canadian Centre on Substance Use and Addiction: "Stigma"

Unscripted (p.4)

Dr. Werner Oberholzer

Dr. Werner Oberholzer is Deputy Registrar with the College of Physicians and Surgeons of Saskatchewan and is certified in Family Medicine, Emergency Medicine, and Care of the Elderly.

Preparing for Practice Emergencies: Why Physicians Should Have an Emergency Closure Plan

In the face of unforeseen circumstances such as injury or illness, family circumstances, natural disasters, pandemics, infrastructure issues, or other emergencies, physicians and healthcare providers play a crucial role in maintaining the well-being of their patients.

However, these events can sometimes necessitate emergent practice closures, disrupting routine healthcare services.

It is imperative for physicians to proactively develop and implement comprehensive emergency closure plans to ensure patient safety, continuity of care, and efficient resumption of services. This article aims to emphasize the importance of having an emergency closure plan in place and provide guidance to physicians on developing an effective strategy.

A. Emergent Temporary Practice Closure

1. **Safeguarding Patient Safety:** During emergency closures, patients may face challenges in accessing necessary medical care. By having a well-prepared closure plan, physicians can mitigate potential risks and ensure patient safety. This plan should include measures to communicate with patients, redirect them to alternative care facilities if needed, and provide guidance on handling urgent medical situations during the closure period.
2. **Ensuring Continuity of Care:** An emergency closure should not disrupt the continuity of care for patients. Physicians should consider implementing strategies to maintain essential healthcare services during closures. This may involve designating alternative providers or partnering with neighboring practices to handle urgent cases and referrals. Physicians should also establish protocols for securely transferring patient records to maintain seamless care and prevent information gaps.
3. **Efficient Resumption of Services:** Once the emergency situation subsides, physicians must be prepared to resume operations quickly and efficiently. It is essential to establish a plan for reopening the practice, including assessing the facility's condition, ensuring the availability of essential supplies and equipment, and coordinating with staff to promptly resume patient appointments. Additionally, communicating the reopening plan to patients, referring physicians, and other stakeholders is crucial to rebuild trust and restore normalcy.
4. **Communication Strategy:** Clear and timely communication is paramount during practice closures. Physicians should develop a robust communication strategy to inform patients, staff, and relevant

stakeholders about the closure, anticipated duration, alternative care options, and updates regarding the practice's reopening. Utilizing multiple communication channels, such as phone calls, emails, social media, and website updates, can help ensure that critical information reaches the intended recipients.

5. **Staff Support and Safety:** Physicians should prioritize the well-being and safety of their staff during practice closures. This includes developing contingency plans for staffing shortages, ensuring adequate personal protective equipment (PPE) supplies, and providing mental health support resources. Regular communication with staff members and their involvement in the closure planning process can foster a sense of preparedness and unity.
6. **Learning from Experience:** Every practice closure presents an opportunity for learning and improvement. After each closure event, physicians should conduct a thorough debriefing session to evaluate the effectiveness of the emergency closure plan and identify areas for enhancement. By capturing lessons learned, physicians can refine their strategies, update policies and procedures, and enhance preparedness for future emergencies.

Conclusion: Physicians play a critical role in ensuring the well-being of their patients, even during times of emergencies and practice closures. By having a comprehensive emergency closure plan in place, physicians can protect patient safety, maintain continuity of care, and facilitate the efficient resumption of services. Proactive communication, staff support, and a commitment to continuous improvement are key elements for successful emergency closure planning. By prioritizing these aspects, physicians can navigate unforeseen events with resilience and maintain their vital role as healthcare providers.

B. Emergent Permanent Closure

The unfortunate and unexpected event of a physician becoming significantly disabled or dying can have significant consequences for their patients and the continuity of care. It is essential for physicians to have a plan in place to address such scenarios, ensuring that patients receive the necessary care and minimizing disruptions to their medical treatment.

1. **Designate a Successor:** Physicians should identify and designate a qualified successor who can assume responsibility for their patients and practice in the event of their death. This individual should be a trusted colleague or another healthcare professional capable of providing the required level of care. Establishing a clear process for transferring patient records and discussing patient-specific details with the designated successor is crucial for ensuring a seamless transition.
2. **Maintain Updated Patient Records:** Accurate and up-to-date patient records are vital for ensuring continuity of care. Physicians should maintain meticulous records and ensure that they are organized and easily accessible. This includes comprehensive medical histories, treatment plans, medication lists, and any other pertinent information. Utilizing electronic medical record (EMR) systems can facilitate the secure and efficient transfer of patient records to the designated successor.
3. **Communicate the Plan:** Physicians must communicate their continuity of care plan to their designated successor, office staff, and trusted colleagues. Clear instructions on how to access patient records, contact information for relevant parties, and any specific patient care considerations should be documented and shared. Open and transparent communication with all stakeholders involved will help ensure a smooth transition and uninterrupted care for patients. The executor of the estate is

responsible to ensure proper maintenance of patient records if no successor or designate was appointed.

4. **Inform Patients and Provide Support:** Sensitivity and compassion are crucial when informing patients of a physician's death. The designated successor or a trusted colleague should personally reach out to patients to communicate the news, express condolences, and reassure them of continued care. Providing contact information for the designated successor and any alternative care options is essential for patients to access necessary medical services during the transition period.
5. **Collaborate with Colleagues:** Physicians should establish professional relationships with colleagues and specialists to facilitate a seamless transfer of care in the event of their death. By establishing a network of trusted healthcare providers, physicians can ensure that their patients have access to appropriate medical expertise and ongoing treatment. Regular communication and sharing of patient information with these colleagues can enhance patient care and support continuity during a difficult transition.
6. **Regularly Review and Update the Plan:** A continuity of care plan should not be a one-time effort but rather a dynamic document that is regularly reviewed and updated. Physicians should revisit and refine their plan periodically to reflect any changes in their practice, patient population, or designated successor. By conducting regular reviews, physicians can identify any gaps or areas for improvement, ensuring that their plan remains effective and up to date.

Conclusion: While the thought of a physician's death or severe disability resulting in an inability to continue practice may be difficult issues to discuss, having a plan in place is essential to protect patients and ensure continuity of care. By designating a successor, maintaining updated patient records, and effectively communicating the plan to relevant stakeholders, physicians can mitigate disruptions and provide a seamless transition of care. Collaboration with colleagues and ongoing review of the plan will help ensure that patients receive the care they need even in the face of unexpected circumstances.

By addressing these critical considerations, physicians can demonstrate their commitment to their patients' well-being and leave behind a lasting legacy of compassionate care.

The College's guidance document, Emergency Practice Closure can assist physicians with their planning.

Other useful resources include:

- CPSS Leaving Practice
- Prescription Validity - When a Prescriber is no longer practising
- CMPA Considerations when leaving practice
- CMPA Retention and Transfer of Clinical Records

Dr. Werner Oberholzer

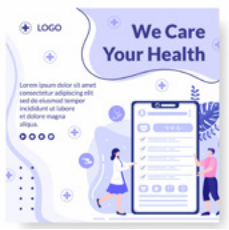
Dr. Werner Oberholzer is Deputy Registrar with the College of Physicians and Surgeons of Saskatchewan and is certified in Family Medicine, Emergency Medicine, and Care of the Elderly.

Practice Update

REMINDER: Physicians are expected to comply with the new advertising bylaws

The March 2023 edition of DocTalk included an article entitled "Expectations for Advertising by Physicians." In April 2023, the Registrar's office sent correspondence to all practising plastic surgeons and all other physicians who have the designated scope of practice to provide cosmetic or aesthetic medical treatments, knowing that these are the physicians who most often advertise either via websites or social media. This correspondence alerted physicians to the new advertising rules, as well as other recent bylaw amendments that affect cosmetic medicine.

The Registrar's office has received concerns from a number of individuals flagging advertising that continues to be non-compliant with the new bylaws. Our office is in the process of reviewing physician websites and social media advertising to identify those who have not made the required changes. Those physicians can expect to receive another letter from the Deputy Registrar in the near future.



For those who continue to advertise contrary to the bylaw, disciplinary action may be considered pursuant to bylaw 27.1(r):

It is unbecoming, improper, unprofessional or discreditable conduct for a physician to advertise in a manner contrary to this bylaw, or to permit such advertising to be done on the physician's behalf or to permit any clinic with which the physician is associated to advertise contrary to this bylaw.

REMINDER: Scope of practice change may be required to practise cosmetic/aesthetic medicine

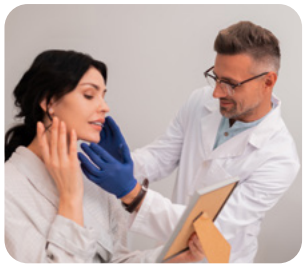
Despite the existence of the policy Performing Office-based Non-insured Procedures since 2018, the College continues to discover physicians performing cosmetic/aesthetic procedures (including the injection of neuromodulators) without having obtained the requisite scope of practice expansion pursuant to bylaw 4.1 and the standards document Change in Scope of Practice for Medical Aesthetics.

When any physician wants to practise in an area that is outside their regular scope of practice, involves a different patient population, or when there is a significant change in the environment where the service is delivered, the physician must seek CPSS approval for the appropriate scope of practice. This permits the College to ensure the physician has the appropriate education, skill, knowledge and experience to ensure safe patient care.

For physicians who wish to incorporate low-risk nonsurgical cosmetic procedures into their practice, they

may only be required to submit the completed CPSS Scope of Practice Change document with proof of training. For physicians who do not have the qualifications (such as RCPSC certification in Plastic Surgery, Dermatology, Otolaryngology, Ophthalmology) to perform higher-risk cosmetic procedures, they may be required to participate in a more formal scope of practice change process.

If you have questions about the process to seek a scope of practice change, please contact the Deputy Registrar's office.



Value for physicians in taking courses available on Understanding Unconscious Bias and Addressing Unconscious Bias

We all have biases on an unconscious level. They are deeply ingrained, automatic and unintentional mental processes that affect our perceptions, attitudes, and actions towards others, often without our awareness. These biases usually stem from societal stereotypes, cultural influences, personal experiences, or media portrayals. Unconscious bias can impact our decision-making processes and behaviour, even among well-intentioned individuals. It can have significant implications for patient care and outcomes. It results in differential treatment for patients based on factors such as race, ethnicity, gender, socioeconomic status, or other characteristics. This can lead to disparities in healthcare outcomes and perpetuate systemic inequities. For example, a 2012 systematic review showed that non-white patients were 22% less likely than white patients to receive analgesia for pain. The circumstances surrounding the death of Joyce Echaquan in a Quebec hospital has brought to light the negative consequences of unconscious biases.

While it may be difficult to completely eradicate unconscious bias, it is crucial to make every effort to minimize its impact. As we cannot solve problems that we don't know exist, every physician should therefore strongly consider taking courses on understanding and addressing their unconscious bias. This will help them better understand their own biases and develop self-awareness, thereby recognising when their judgements, diagnoses or treatment decisions may be influenced by bias. It will also help physicians develop better communication skills and empathy towards patients from diverse backgrounds, equipping physicians with the knowledge and skills necessary to provide culturally competent care.

The Council of the College of Physicians and Surgeons of Saskatchewan, in recognition of the impact unconscious biases can have on deliberations and decisions, has mandated that all members of Council, Quality of Care, and Discipline Hearing committees undergo mandatory training in unconscious bias.

In conclusion, physicians will benefit from attending training aimed at enhancing their understanding of unconscious biases. This will certainly help them develop the skills needed to mitigate their biases not only when providing patient care, but also during their interactions with other physicians, staff, and learners.

Dr. Oladapo Mabadeje

Dr. Mabadeje is a General Surgeon in Prince Albert and an Assistant Professor of General Surgery at the College of Medicine. He also chairs the Council's Diversity and Anti-Bias Committee.

SaskAbilities Special Needs Equipment

Special Needs Equipment (SNE) for SK Patients: Clarification of requisition process for physicians

(Reprinted from December 2021)

Special Needs Equipment (SNE) is one of the Saskatchewan Aids to Independent Living (SAIL) programs offered by the Ministry of Health. SaskAbilities operates the program under contract with the Ministry of Health. It is a loan program for access to environmental and mobility equipment for eligible patients in need.

The process for requisitions and referrals for special needs equipment can be somewhat unclear at times for patients and physicians. Recently, SaskAbilities staff have encountered an increasing volume of prescription pad requisitions for wheelchairs, walkers, etc. However, a simple prescription pad requisition or referral by a physician will not suffice, as physicians are not approved to sign most requisitions. This can lead to a great deal of patient frustration and back and forth between patients, physicians and providers, and will cause delays for the client in receiving the equipment.

It is important to understand that special needs equipment can only be requisitioned by specific health care providers such as Physiatrists, Occupational Therapists, Physical Therapists, and Home Care Nurses as approved by the Ministry of Health. This is because many items need to be set up a certain way and patients must be assessed and fitted by a trained professional, and provided with appropriate information.

Physicians must therefore refer their patient to one of the aforementioned professionals.

SaskAbilities has prepared some general information to assist physicians in better understanding the program requirements to make the referral process easier. You can find out more about accessing a special needs equipment loan through the SNE Program Manual.

Below is a link to a printable checklist from the Ministry that outlines for physicians who can requisition each desired piece of equipment.

Special Needs Equipment Eligible Requisitioners Table

Additional information on the program and special needs equipment available can be found in the online Special Needs Equipment Manual.

By: Trevor Mather, SaskAbilities, and Caro Gareau, CPSS Communications

Registration News

Highlights on what to expect for Renewal Season 2024!

CPSS Registration staff have been working hard to continue improving the overall function and experience of the Renewal Platform since it was initially launched in 2020. This coming renewal season, you can expect to see the following new features. These improvements have been based on the feedback we received from those who responded to our survey last year.

Improvements you can expect to see within the Medical Licensure Renewal Form:

- An email confirmation of your submission, rather than just seeing a confirmation on the screen within the renewal form.
- A more streamlined experience to navigate the Renewal form, for physicians choosing to go INACTIVE with licensure.
- The ability to correct Continuing Professional Development (CPD) program learning cycle dates, IF what is found in your pre-populated Renewal Form is incorrect.
- The option to select the Maintenance of Certification (MOC) CPD program through the Royal College of Physicians and Surgeons of Canada (RCPSC) for Specialists, and also for Family Medicine physicians who may have elected to enroll in this program.
- Enhanced notes, descriptions, and examples to assist with answering more 'technically/legally' worded questions.
- Enhanced language to clarify which payment option to select if paying by cheque or third-party.

Improvements you can expect to see within the Professional Corporation Permit Renewal Form:

- Removal of any request to download or upload your Corporate snapshot. You will still be able to review it prior to renewal but will no longer need to print it out for potential upload.
- Enhancements to simplify how to edit, delete or add a new trust or sub-corporation.
- Removal of questions and/or content that have been deemed as non-essential information.
- As noted above for Licensure renewal:
    - You will receive an email confirmation of your submission, rather than just seeing the confirmation displayed on the screen within the renewal form.
    - Enhanced language to clarify which payment option to select if paying by cheque or third-party.

Important dates to make note of for the upcoming 2024 renewal season:

Key Dates	Licensure Renewal	Corporation Permit Renewal
Renewal Opens	October 2, 2023	October 16, 2023
Deadline to Renew	November 1, 2023	November 16, 2023
Late Fee applied*	Midnight, November 1, 2023	Midnight, November 16, 2023
Licence/Permit Expiry	November 30, 2023	December 31, 2023
Re-Registration Fee to restore Licence/Permit	Midnight, November 30, 2023	Midnight, December 31, 2023

**New this year, the CPSS will introduce a Late Fee for submitting renewals after the deadline to renew.*

Breakdown of Late and Re-Registration fees:

Fee Type	Licensure Renewal	Corporation Permit Renewal
Late Fee	$300	$100
Re-Registration Fee	$450	$350

Licensure Renewal Example: If you submit your Licensure renewal after midnight of November 1, you will be charged the annual Licensure renewal fee plus the late fee. You would be charged $1950 + $300, for a total of **$2250.** If you submit your Licensure renewal after midnight of November 30, you will be charged the annual Licensure renewal fee, plus the late fee, plus the Re-registration Fee. You would be charged $1950+$300+$450, for a total of **$2700**.

Corporation Permit Renewal Example: If you submit your Corporation Permit renewal after midnight of November 16, you will be charged the annual Corporation Permit renewal fee plus the late fee. You would be charged $150 + $100, for a total of **$250**. If you submit your Corporation Permit renewal after midnight of December 31, you will be charged the annual Corporation Permit renewal fee, plus the late fee, plus the Re-registration Fee. You would be charged $100+$150+$350, for a total of **$600**.

Why has the CPSS decided to implement a late fee?

The CPSS processes approximately 3200 licences annually during the renewal season. The renewal deadline is typically set approximately 1 month in advance of the expiration date of the licence or corporation permit. We require this lead time because renewals are not "auto-approved". Renewals require the attention of CPSS staff and, depending on what has changed for a physician in the last year, the information may need to be reviewed by the Registrar, Legal Counsel, and/or Quality of Care. Some submissions may also require the CPSS to obtain additional information from the physician before the licence or permit is renewed. This takes time.

Our goal is to have all renewals reviewed and approved before a physician's existing licence or corporation permit expires. According to The Medical Profession Act, 1981, physicians cannot practise medicine in Saskatchewan without a licence from the CPSS. Physicians also cannot hold a corporation permit without a licence to practise medicine in Saskatchewan. Failing to renew by the deadline can put a physician at risk of experiencing a practice interruption to their SHA privileges, an interruption of the ability to bill for services as well as the risk of voiding any practice insurance coverage.

In March 2023, the Council decided to implement a late fee for renewal. It is believed that a 'late fee' may assist with incentivizing physicians to take action on their renewals earlier and reduce the number of

situations where a physician is left with an expired licence due to submitting a renewal after the renewal deadline. We recognize having an expired licence and experiencing a potential service interruption is not ideal for the physician, nor for the patients who depend on their service.

Licensure in SK Part 2 – The lowdown on Educational licences

As we turn the corner on licensing our new, renewing and completing Residents and begin to gear up for the Medical Student licensing season, we thought we would take a moment to introduce the Educational Licence. **Regulatory Bylaw 2.12** outlines the requirements of **Educational Licensure**.

In Saskatchewan, medical students and residents are placed on Educational licences for the full duration of their training.

However, to get that Educational Licence, we need to go back to the starting point for all licences, as introduced in the last DocTalk edition. Any individual applying for any licence, including an educational licence must meet all requirements of the **Regulatory Bylaw 2.3**, with one exception.

Undergraduate or post graduate students from medical schools in the United States, that have been accredited by the *Liaison Committee on Medical Education* (LCME) or medical schools in Canada, that have been accredited by the *Committee on Accreditation of Canadian Medical Schools* (CACMS), would not be required to provide proof of passing the Medical Council of Canada Qualifying Examination Part 1 (MCCQE1) or licensing examinations in the United States of America (USLMEs) prior to accessing an Educational Licence.

In addition to the requirements set out in Regulatory Bylaw 2.3, any individual applying for an Educational Licence must also meet one of the following conditions:

1. Is enrolled as a student with the College of Medicine at the University of Saskatchewan;
2. Is enrolled as a student in any other College of Medicine;
3. Is appointed to a residency training program with the College of Medicine at the University of Saskatchewan;
4. Is enrolled in a residency training program at another College of Medicine but is approved for a temporary elective through the College of Medicine at the University of Saskatchewan; or
5. Is involved in an assessment or training program approved by Council.

Any individual who is granted an Educational Licence may only practice medicine within the scope granted by the educational program with the College of Medicine or by the Council-approved assessment or training program.

Examples of assessment or training programs that have been or may be approved by Council include:

- Saskatchewan International Physician Practice Assessment (SIPPA) program.
- Focussed competency programs offered by the College of Medicine at the University of Saskatchewan.
- An assessment or training program required under Bylaw 4.1, to facilitate a physician's return to practice after an absence or if the physician is changing their scope of practice.

- A pre-licensure assessment, sponsored by the Saskatchewan Health Authority and/or a health care employer, to determine if an applicant has the knowledge, skills, and capability to safely practise medicine.

Student Members enrolled in a residency or fellowship and on an Educational Licence can apply for a **Moonlighting endorsement** through the College of Medicine. A Moonlighting endorsement permits those engaged in a residency for fellowship to provide clinical services outside of their designated programs. Some residents or fellows do this to gain further practice experience and/or assist with service provision and they get remunerated doing so. Once the Moonlighting endorsement is approved by the College of Medicine, applications must be made to the CPSS to apply the endorsement to the Educational licence.

Residents: Thinking about moonlighting during the academic year?

As a reminder, residents can obtain a moonlighting endorsement for their Educational Licence during the following periods within the academic year:

- May 1 to October 31
- November 1 to April 30

Residents must obtain permission from their Program Director with the Post Graduate Medical Education (PGME) Office. To request an application form please email kylie.chartrand@usask.ca at the PGME office.

Please also note that your Moonlighting endorsement is time-limited and will only remain valid until the end date of the timeframes noted above, unless cancelled earlier if deemed required by the Program Director.

You can find more information about moonlighting on the CPSS website, found here.

Are you moving your residence or clinic? Retiring? Don't forget to let us know!

If you are moving your personal residence or clinic or planning to leave a practice or retire, we ask that you please reach out to the CPSS at info@cps.sk.ca to inform us.

Keeping this information current helps to ensure you do not miss any critical communications sent out by the College and helps ensure information remains accurate for patients, stakeholders and funders who use the CPSS Website and the Physician Directory.

If you are leaving a practice or closing a clinic, please also make sure to refer to the Physicians Leaving Practice Policy, to ensure you take all necessary steps. Please make sure to also contact your insurance provider, if your practice information has changed.

Debra-Jane Wright

Ms. Wright is the Director, Registration Services, at the College of Physicians and Surgeons of Saskatchewan.

Physician Health

The Wellbeing of Health Care Providers in Saskatchewan: Study results

Dr. Noelle Rohatinsky and Dr. Juan-Nicolás Peña-Sánchez, faculty members of the College of Nursing and the College of Medicine, recently conducted a study to examine physicians, registered nurses and respiratory therapists care providers' wellbeing and intentions to leave clinical practice in Saskatchewan. Below are the results.

In the winter of 2022, researchers from the University of Saskatchewan conducted a mixed-method study with health care providers (HCPs) practising in Saskatchewan. This study included an online survey and 24 individual interviews.

Figure 1

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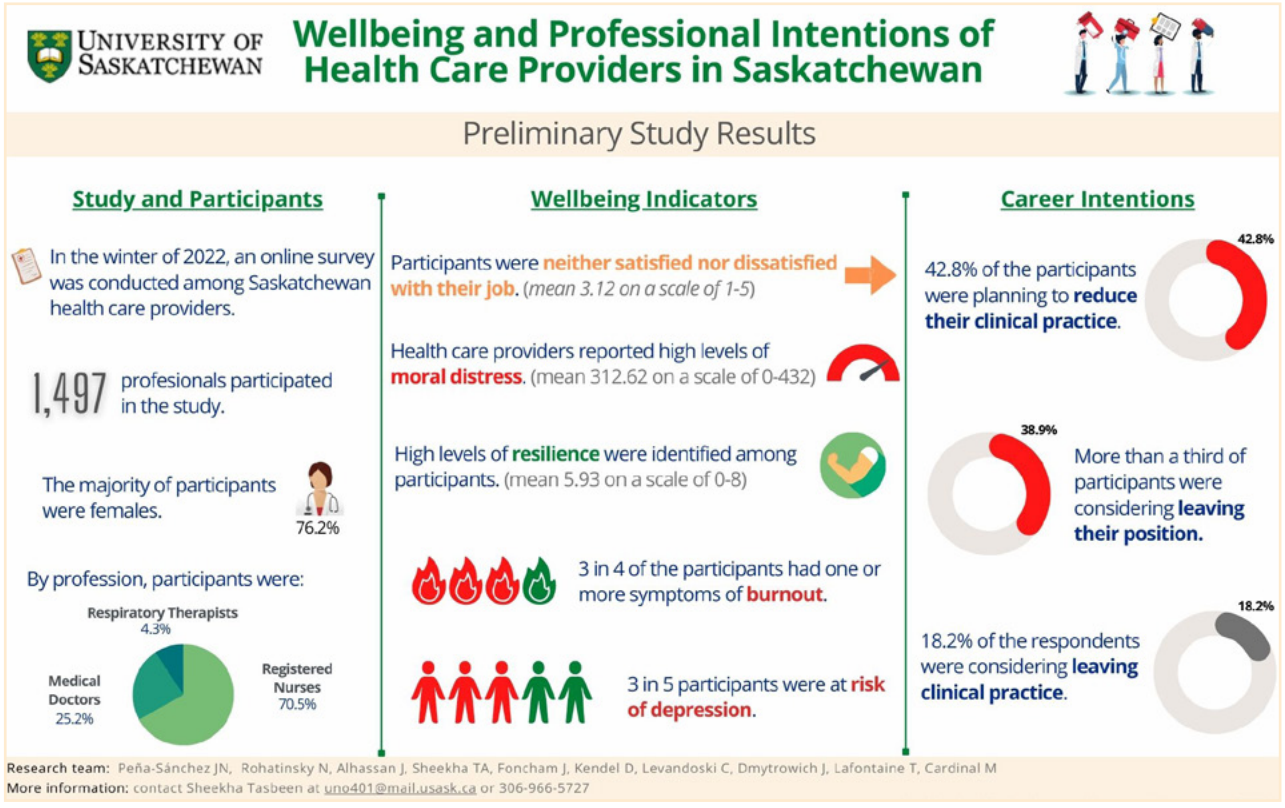

In total, 1,497 HCPs participated in the online survey (380 physicians, 1,053 registered nurses [RNs], and 64 respiratory therapists [RTs]); 38.9% of the participants considered leaving their positions within the next year (Figure 1). Controlling by gender, age, having children, marital status, experiencing burnout, and

resilience levels, the odds of considering leaving the position decreased by 0.55 (95%CI 0.43-0.70) per unit of increase in the level of job satisfaction. HCPs experiencing high moral distress were more likely to leave their positions (OR=3.97, 95%CI 2.93-5.39). RNs were more likely to consider leaving their position than physicians (OR=1.68, 95%CI 1.13-2.50), (Figure 2).

Reflexive thematic analysis was used in the qualitative component of the study which involved interviews with nine physicians, eight RNs, and seven RTs. Overarching themes about burnout and moral distress were identified among HCPs (Figure 3). Three overarching themes identified regarding burnout were: 1) increased expectations, 2) unfavourable work environments, and 3) needing to take a step back. Additionally, three overarching themes regarding HCPs' experiences of moral distress included: 1) bumping heads, 2) compromised care, and 3) patient health decisions.

These study results were presented at the 2023 Canadian Association for Health Services and Policy Research annual conference in Montreal. In the fall of 2023, the research team will facilitate conversations among HCPs, managers, and stakeholders around solutions to improve the wellbeing and retention of HCPs in Saskatchewan.

For more information, please contact Sheekha Tasbeen at Tasbeen.sheekha@usask.ca or call 306-966-5727.

Juan-Nicolás Peña-Sánchez, MD, MPH, PhD

Co-Principal Investigator, Assistant Professor, College of Medicine, University of Saskatchewan

Noëlle Rohatinsky, RN, MN, PhD, CMSN(C)

Co-Principal Investigator, Associate Professor, College of Nursing, University of Saskatchewan.

(See also Figure 2 and Figure 3 on next page).

Figure 2

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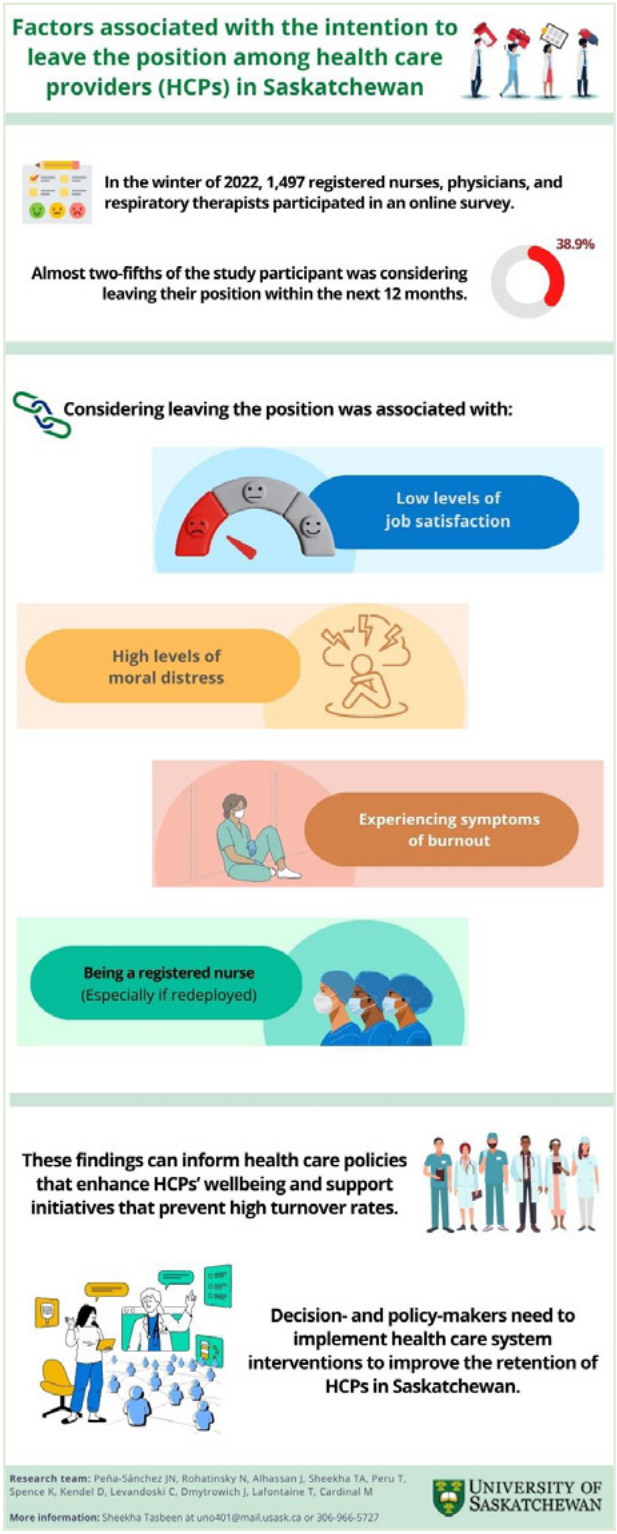

Figure 3

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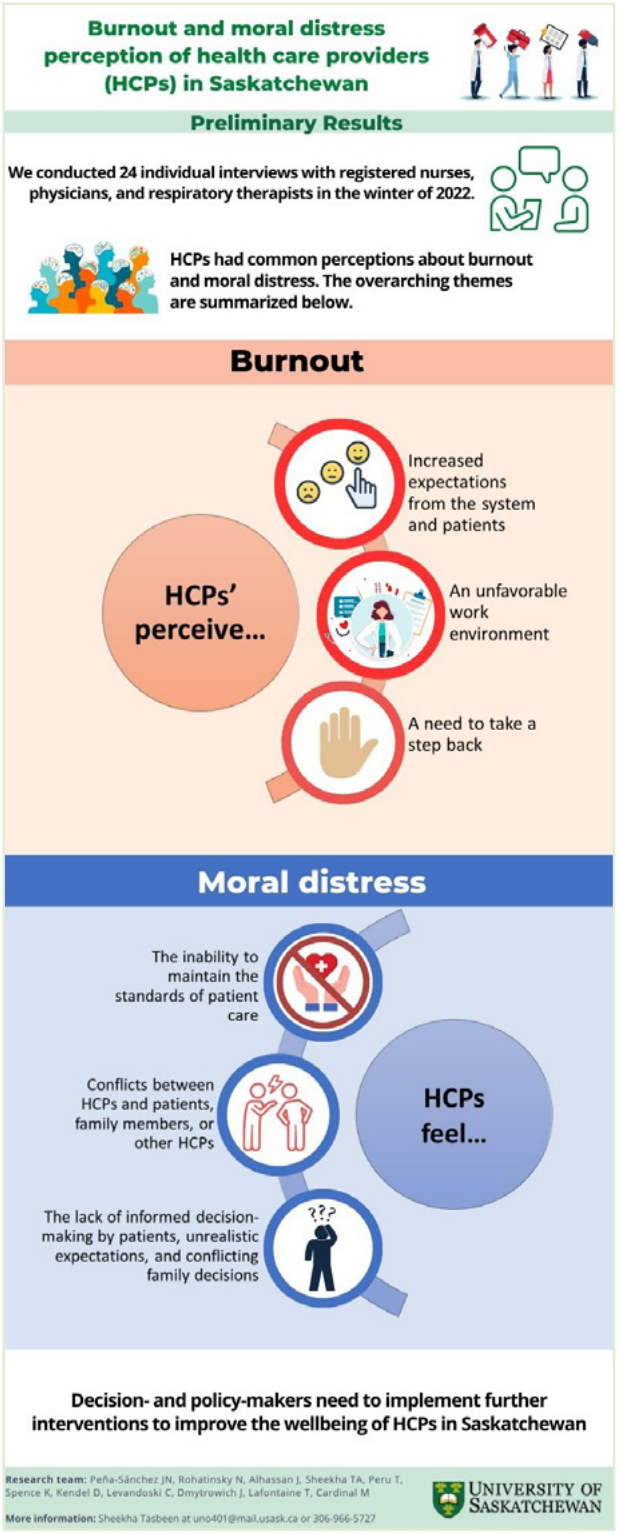
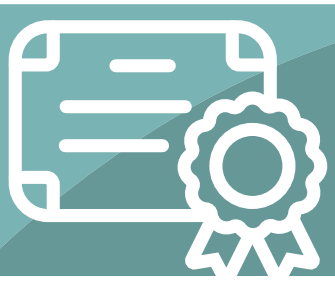


Awards & Recognition



Several Saskatchewan Physicians among Queen Elizabeth II Platinum Jubilee Medal Recipients

The Queen Elizabeth II Platinum Jubilee Medal (QPJM) recognizes outstanding Saskatchewanians of all ages and from all walks of life, who have built and continue to build a strong, vibrant society and province through their service, contributions, and achievements.

The College wishes to congratulate the following physicians who have received the award in 2023:

Dr. Victor Aldo Carulei, Assiniboia
Dr. Allison Christie, Estevan
Dr. Angela Shirley Currie, Moose Jaw
Dr. Indravadan Kumar Maganlai Dattani, Saskatoon
Dr. Jasmine Hasselback, Saskatoon
Dr. Albert Hu, Saskatoon
Dr. Thomas Joseph Jeerakathil, Saskatoon
Dr. Jeanine Margaret Jensen, Saskatoon
Dr. Jawahar Kalra, Saskatoon
Dr. Simon Bush Kapaj, Saskatoon
Dr. Suresh Kassett, Herbert
Dr. Abid Mohyud Din Lodhi, Regina
Dr. Nnamdi Obioma Ndubuka, Prince Albert
Dr. Intheran Pillay, Gravelbourg
Dr. Mohammed A.Raffeth Sayeed, Lloydminster
Dr. Larita Devi Ramlakhan, Gravelbourg
Dr. Khalid Sheikh, Estevan
Dr. Grant Stoneham, Saskatoon
Dr. Ron Taylor, Regina
Dr. Julie Yu, Regina

CPSS conference past presenter Jaris Swidrovich, who is a pharmacist and assistant professor, was also a recipient of the medal.

We apologize if any physician or medical student recipients have been inadvertently missed on this list. Please write communications@cps.sk.ca to identify any additional recipients.

Celebrating 40 Years of Practice?

Have you been licensed on a form of postgraduate licensure in Saskatchewan for 40 years or more?

You may be eligible to be a recipient of the CPSS **Senior Life Designation Award** in 2023!

For more information, write to OfficeOfTheRegistrar@cps.sk.ca or call 306-244-7355.

cps.sk.ca