

Annual AR report

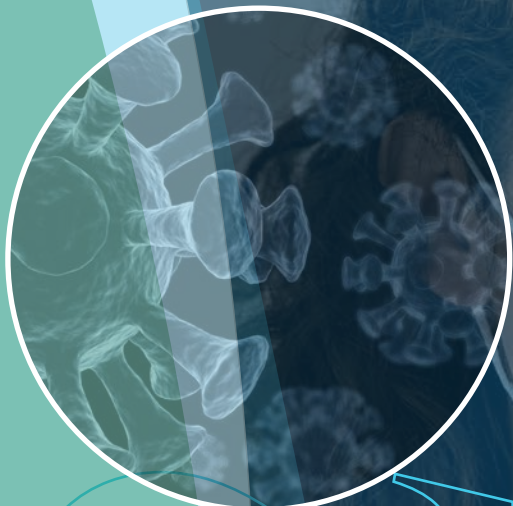




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About the College

The College of Physicians and Surgeons of Saskatchewan is a statutory, professionally-led regulatory body established by legislation of the Government of Saskatchewan and charged with the responsibility to:

- License qualified medical practitioners;
- Develop policies, guidelines and standards of practice in all fields of medicine and ensure their implementation;
- Receive and review complaints, and discipline physicians whose standards of medical care and/or ethical and/or professional conduct are brought into question;
- Administer quality assurance programs under contracts with the Government of Saskatchewan.



Mission

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

Vision

The quality of health care in Saskatchewan will be improved by achieving excellence through (our ends):

- Public Protection
- Healthy Public Policy
- Medical Profession Prepared for the Future
- Professionally Led Regulation •

Values

The CPSS promises to be:

- Principled
- Accountable
- Transparent
- Progressive
- Collaborative
- Service Oriented

Message from the President & Registrar

2020 was an extraordinary year. The pandemic changed everything about how we live, work and play. The College of Physicians and Surgeons of Saskatchewan was no exception. It seemed we had to rise to meet the challenge, essentially overnight. We were grateful for the office workstation refresh that had just been completed as the pandemic was called. It enabled us to move from an organization of onsite workers, to offering the opportunity to work remotely very quickly. This was imperative for business continuity. In addition to the normal physical distancing, changes were required to upgrade our Boardrooms with plexiglass dividers and the IT was upgraded to facilitate virtual Council meetings and Discipline hearings.

We worked closely with our healthcare partners the Saskatchewan Medical Association, the Saskatchewan College of Pharmacy Professionals, the Saskatchewan Registered Nurses Association, the Saskatchewan Health Authority and the Ministry to develop and circulate timely information on various aspects of the pandemic. A single communiqué was developed to ensure that physicians received all the important pandemic-related information without overloading their inboxes.

Our Legislation allowed the Registrar to declare an emergency, which permitted the Registrar to waive any requirements for licensure and suspend the effect of any of the provisions of the CPSS bylaws or any policy if there was thought to be insufficient physicians to provide necessary care to individuals in Saskatchewan affected by the pandemic. This allowed us to reach out to newly retired physicians and offer “emergency licensure” for the purpose of assisting with care. It also afforded the opportunity for flexibility around the supervision requirement for licensure when examinations could not be accessed in a timely manner.

Working with the Ministry, we were able to nimbly amend the Specialist payment bylaw to permit physicians who have completed specialist training to bill as specialists until they had an

opportunity to challenge their examinations. We developed and implemented an expedited concern/complaint process that could respond to the COVID-related complaints that were raised.

We are grateful for the leadership demonstrated by our physicians. Many stepped up to assist in the pandemic planning with the Saskatchewan Health Authority, while others focussed on setting up virtual care options and continued to provide safe in-person care for those who needed it, despite the initial paucity of personal protective equipment. Many have offered and are poised to be involved in the massive vaccine campaign anticipated.

Saskatchewan has always been a unique province; one that welcomes newcomers and rallies when there is a community need. The pandemic has not been an exception. The “Saskatchewan collaborative spirit” has once again shown us new ways to communicate and partner so we could accomplish what is needed to provide appropriate care during this pandemic.

The stress of this pandemic has affected all of us. It has been particularly gruelling on those who provide essential services. We are particularly proud of our physicians and what they have contributed to the provision of care at this time. While we must remain vigilant to the ravages of this pandemic and ensure that we continue to provide the best care possible to our patients,



we must consciously continue to support our providers to maintain resilience.

Despite the extra work created by the pandemic, we continue to accomplish our regular work in medical regulation with some altered processes. We licensed an increased number of physicians this year, some relating to newly graduated physicians being delayed in relocating.

We continue to see increasing numbers of concerns and complaints registered and we are challenged to look “upstream” to see what, if anything, might prevent these types of complaints. Some of the complaints are related to the process of virtual care forced on physicians by the pandemic which has created opportunities for delayed diagnosis and potentially missed diagnosis. The College recognizes virtual care as a useful adjunct to care, but physicians must be diligent about initiating in-person visits when there is any doubt.

We continue to strive to improve the quality of our services and our internal processes. Much of this work will complement the initiatives related with our new strategic plan which will focus on:

Goal # 1: *An integrated Information Technology and Information Management platform to effectively support College decision-making, program evaluation, and engagement with members and the public.*

Goal # 2: *A robust College-led process to assess and support physicians for competence and performance throughout their careers.*

Goal # 3: *Enhanced College supervision, assessment and support of International Medical Graduates (IMGs) moving from a provisional to a regular license.*

Goal # 4: *Optimal physician prescribing of opioids.*

Our focus on Indigenous wellness and micro-reconciliation will continue through our work on the Truth and Reconciliation Committee and in our ongoing journey of educating staff and the Council on treaties, the outcome of treaties, residential schools, intergenerational trauma, and trauma informed care. In addition, Council has established a standing committee on Diversity and Bias. This committee will focus its initial efforts on anti-black racism. We are fortunate to have the guidance and direction of our diverse Council in this work.

Thanks again to our physicians and our partners who have helped to work cooperatively during this time. Thanks also to the dedicated College staff who continue to work diligently despite the many challenges. We are honored to serve the public as we carry out our Mission : “To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.”.

Dr. Karen Shaw
Registrar & CEO

Dr. Brian Brownbridge
President of Council



Reflection from a Public Member of Council

Public Members of Council

Mr. Ken Smith
Mr. Burton O'Soup
Mr. Lionel Chabot
Mr. Femi Ogunrinde
Mr. Bill Hannah

The year 2020 would go down in the history of this decade as one of the defining moments in the health care delivery systems of the world and certainly of our Province. The Covid-19 pandemic was an existential threat that challenged and nearly overwhelmed our health systems. Our dedicated physicians and surgeons were tasked almost to breaking points. The physical, mental and emotional hardships encountered by these professionals are incalculable, without mentioning the sense of helplessness as the pandemic ravaged lives. Yet, at the risk of their lives and in consonance with the oath which they swore, these professionals continue to risk their lives to protect the public - this is not only a cardinal element of the College's vision statement but part of the statutory instrument that created the College to regulate its own practice by ensuring a standard of medical care.

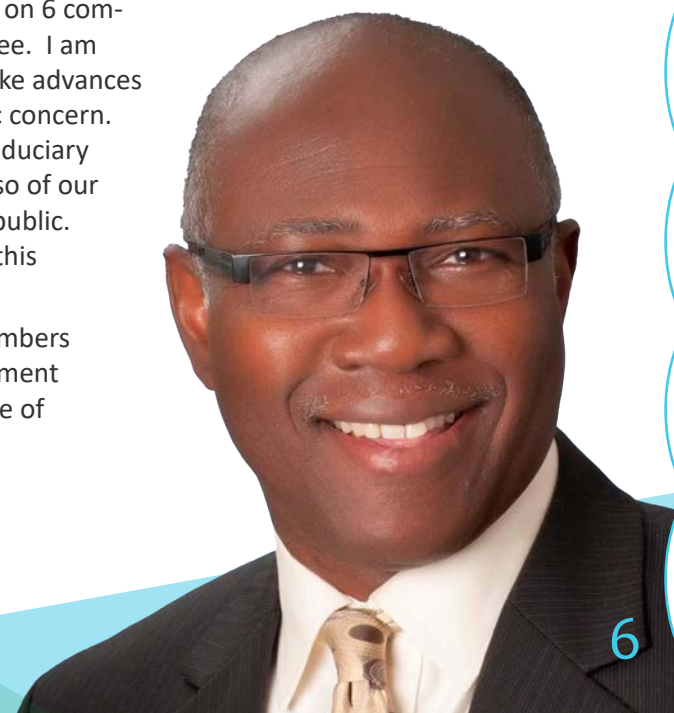
One of the positive things that happened during this Covid-19 pandemic was that every sector within the health care system, including our own College, was launched to new levels of collaboration, communication and partnerships with the wider health communities. This is a development that is not only welcome, but one that is vital to keeping people safe and informed. It also forced us to upgrade our IT and our Webex video conferencing tool for frequent and better communication.

One of the biggest stories of 2020, though unfortunate, was the death of George Floyd in the US and the uprising that followed. It brought the issue of systemic racism and inequalities to the forefront. This situation 'forced' many organizations including regulatory bodies, hospitals, health care bodies and medical and non-medical organizations including the CPSS, to begin to take positive steps towards addressing this issue. As a result, the College Council and staff attended an informational webinar on "Everything you wanted to know about Diversity committees" and a standing committee was formed that is actively looking at the whole issue of diversity and inclusion in the workplace in our organization.

I am one of the five Public Members of the Council. I serve on 6 committees and chair the Compensation and Benefits committee. I am pleased to report that the Council in 2020 continues to make advances and changes demanded by the pandemic that are of public concern. In addition, the Council is well aware and sensitive to the fiduciary responsibilities not only of Public Council Members, but also of our collective responsibilities to care for the protection of the public. Almost without exception, our deliberations are rooted in this concern.

I want to conclude by acknowledging and thanking the members of the College of Physicians and Surgeons for their commitment and contributions to the health and wellbeing of the people of our great Province.

Femi Ogunrinde C. Dir
Public Member from Regina



Continuous Improvement

Prior to developing the new 2020-2025 Strategic Plan, Council had identified 5 priority areas where it wished to focus its attention. Below is a brief summary of the work carried out by each working group in 2020.

1. Developing better communication with physicians

While the working group did not meet in 2020, much work was done in this area through improvements to renewal processes. A new website section dedicated for physicians was also launched in early 2020.

2. Developing better communications with patients/public

A driver diagram was developed by the working group to organise potential initiatives and guide its discussion. The group also completed environmental studies of national and provincial sister organisations to gain a better understanding of current trends and practices, and plans to present recommendations to Council in 2021. A new website section dedicated for the public was also launched in early 2020.

3. Developing expected competencies for Councilors and establishing a process to assist with recruitment

A document incorporating the competency matrix and additional information about what the position of Council member entails was drafted and approved by Council to be shared with stakeholders. The committee is looking into developing a process to assess and encourage appropriate individuals to seek election to Council.

4. Developing a better method for Councilor assessment

The committee analyzed the results of the assessment tool implemented in Fall 2019 and presented its findings to Council.

5. Additional Standing Committees – What committee? What constitution?

This working group made several new recommendations to Council, including the creation of a new Medical Informatics Committee, amendments to the Administrative Bylaws pertaining to committees, and amendments to the terms of reference for all standing committees to report their activities annually to the Council.

Strategic Plan

The implementation of the new 2020-2025 Strategic Plan is well underway. Details are outlined in the following pages.

CLICK TO ENLARGE STRATEGIC PLAN

GOAL 1	GOAL 2	GOAL 3	GOAL 4
<p>An integrated Information Technology and Informatics Management platform to effectively support College decision-making, program evaluation, and engagement with members and the public.</p>	<p>A robust College-led process to attract and support physicians for competence and performance throughout their careers.</p>	<p>Enhanced College supervision, assessment and support of International Medical Graduates (IMGs) moving from a provisional to a regular licence.</p>	<p>Optimal physician prescribing of opioids.</p>
<p>WHAT SUCCESS LOOKS LIKE IN 2025</p>			
<ul style="list-style-type: none"> The College has a seamless IT/IM platform that is multi-modal, device agnostic, and able to effectively support College decision-making. 100% of College programs have metrics to support program evaluation. There is a decrease in the number of complaints and concerns raised during the review of licensure and cooperation. There is an improvement in the ease of access to College information by members and the public. 	<ul style="list-style-type: none"> A College-approved process is in place that assesses physicians every 10 years. A network of support services for physicians is in place. More physicians are compliant with the continuous professional development requirements. In collaboration with key stakeholders, physicians who are not practicing at an appropriate standard are identified and deficiencies addressed in a more timely manner. 	<ul style="list-style-type: none"> There is an increased percentage of IMGs who move through the process within 12 months. There is an increase in the number of repeat supervisions and assessments. IMG candidates perform better at final assessment without an interim process. 	<ul style="list-style-type: none"> 100% of physicians who prescribe opioids have reviewed and implemented recognized guidelines and have completed an education program. An increasing number of physicians who have access to the EHR viewer and/or PP use it when prescribing opioids.

STRATEGIC PLAN

GOAL 1



An integrated Information Technology and Information Management platform to effectively support College decision-making, program evaluation, and engagement with members and the public.

- ✓ The College has a seamless IT/IM platform that is multi-modal, device agnostic, and able to effectively support College decision-making.
- ✓ 100% of College programs have metrics to support program evaluation.
- ✓ There is a decrease in the number of complaints and concerns raised during the renewal of licensure and corporations.
- ✓ There is an improvement in the ease of access to College information by members and the public.

What we've accomplished so far

New Renewal Platform

A new renewal platform was launched for the 2020 Physician Licensure and Corporation Permit Renewal, with the objective of improving the overall user experience and reducing the length of time to complete as well as the internal processing time.

Over 900 physicians completed a short survey at the end of their renewal session. The new platform and renewal season did not come without any challenges. However, thanks to the survey feedback, we were able to identify areas for further improvement to be implemented for the 2021 Renewal Season.

These themes of recommendation for improvement will drive our continued improvement efforts in 2021:

- Earlier and more frequent renewal reminders
- Streamline questions to reduce redundancy and language complexity
- Improve Web Browser capability and Form loading speed
- Explore ways to make it more user-friendly: larger Renewal Button, define legal terms, look at user-name and password options.
- Ensure payment is easy and seamless.

Goal 1 : Improved User Experience



	Physician Licensure	Corporation Permit
# respondents	505	214
Rating of experience	60.79% "Very Satisfied"	53.27% "Very Satisfied"
Rating of Ease of Use	82.5% "Very Easy"; "Somewhat Easy" to use	75% "Very Easy"; "Somewhat Easy" to use

Goal 2: Reduce length of time to renew



Licensure Renewal	Corporation Permit
63.31% are able to complete their renewal in 15 minutes or less	58.6% are able to complete their renewal in 15 minutes or less
27% in 15-30 minutes	53.27% in 15-30 minutes

STRATEGIC PLAN

Goal 3: Reduce manual processing load



Licensure Renewal	Corporation Permit
Total Renewals: 3282	Total Permits: 1878
Team complement: 6 staff	Team complement: 3 staff

- No temporary staff required to support the Registration Services Team
- Renewal season on track with no additional time

RETURN ON INVESTMENT - Emerging signals

- Eliminated approximately 20 minutes per renewal to manually generate the permit or license
- Eliminated manual email batching of renewal notices & reminders (approx. 100 hours of processing time)

Website Tracking

Different tools to better understand the current usage of the CPSS website have been deployed. Data gathered from these tools will help drive the work for a website redesign or refresh.

Starting in 2021, the website framework and working committees will be established with representation from both the public and physician communities.

GOAL 2



A robust College-led process to assess and support physicians for competence and performance throughout their careers.

- ✓ A College-approved process is in place that assesses physicians every 10 years.
- ✓ A network of support services for physicians is in place.
- ✓ More physicians are compliant with the continuous professional development requirements.
- ✓ In collaboration with key stakeholders, physicians who are not practising at an appropriate standard are identified and deficiencies addressed in a more timely manner.

What we've accomplished so far

Assessment Process

Assessment processes have been challenged due to the constraints imposed by COVID-19. Our national partners, the Medical Council of Canada, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada, have all experienced disruptions in the provision of their examinations. The transition from in-person on-site examinations, to a combination of limited on site and remote proctored examinations, has been challenging. Even more challenging has been the transition from the usual Objective Structured Clinical examination/oral based examinations using standardized patients which are in person to a remote assessment using standardized patients. The IT and logistical challenges that this situation has posed cannot be underestimated.

Discussions at the national table about the value of particular point in time assessments have led to several task forces being entertained. A task force by the Medical Council of Canada on Innovations in Assessment will review innovative ways of assessment and the Federation of Medical Regulatory Authorities of Canada (FMRAC) taskforce on Physician competency will address the issue of Competency of Physicians throughout their careers. The outcomes of this work will inform our strategy.

Collaborators

Senior Management has identified two organisations thus far in the province with which to collaborate on addressing deficiencies:

- the Practice Enhancement Committee
- the Advisory Committee for Medical Imaging (ACMI)

GOAL 3



Enhanced College supervision, assessment and support of International Medical Graduates (IMGs) moving from a provisional to a regular licence.

- ✓ There is an increased percentage of IMGs who move through the process within 12 months.
- ✓ There is an increase in the number of repeat supervisors and assessors.
- ✓ IMG candidates perform better at final assessment without an interim process.

What we've accomplished so far

Improving the Licensure Process for IMGs

2020 was a year of examining current processes and partnerships to better understand and identify where the opportunities for enhancement live.

These opportunities for enhancement were further informed by the Final Report, *The Challenge of Assessing International Medical Graduates within the Clinical Environment: A review of the SIPPA Continuum and Processes for the CPSS*, that was prepared by Dr. Brian Clapson, who was contracted by CPSS to conduct a comprehensive review of the program and the College's processes.

The report was presented to Council in June 2020 and circulated more broadly to key stakeholders of the SIPPA Advisory Committee in October 2020. The report has stimulated deep discussion, interest, and support for continued improvement.

GOAL 4



Optimal physician prescribing of opioids.

- ✓ 100% of physicians who prescribe opioids have reviewed and implemented recognized guidelines and have completed an education program.
- ✓ An increasing number of physicians who have access to the EHR viewer and/or PIP use it when prescribing opioids.

What we've accomplished so far

Optimal Prescribing

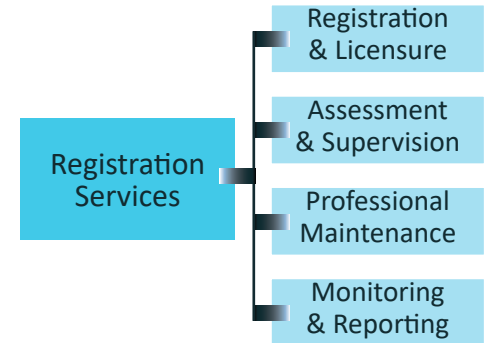
Work is underway on this goal. Projects and other items in progress or completed in 2020 include:

- Development of a **survey** by the Pharmacist Manager, PRP/OATP, to identify information physicians indicate may assist them to improve their own prescribing
- Pilot of **Opioid Prescribing Self-Assessment Tool** as part of the Quality of Care Department interviews with physicians
- **Methadone for Analgesia Guidelines** developed by the Pharmacist Manager PRP/OATP, for Council approval
- Development of a new policy regarding **Physician Access to the Pharmaceutical Information Program (PIP) and eHR Viewer**, which was approved by Council in September 2020
- **29 Prescription Review Program referrals** to the CPSS:
 - 18 specific prescribing concerns
 - 11 overall prescribing concerns

Registration Services

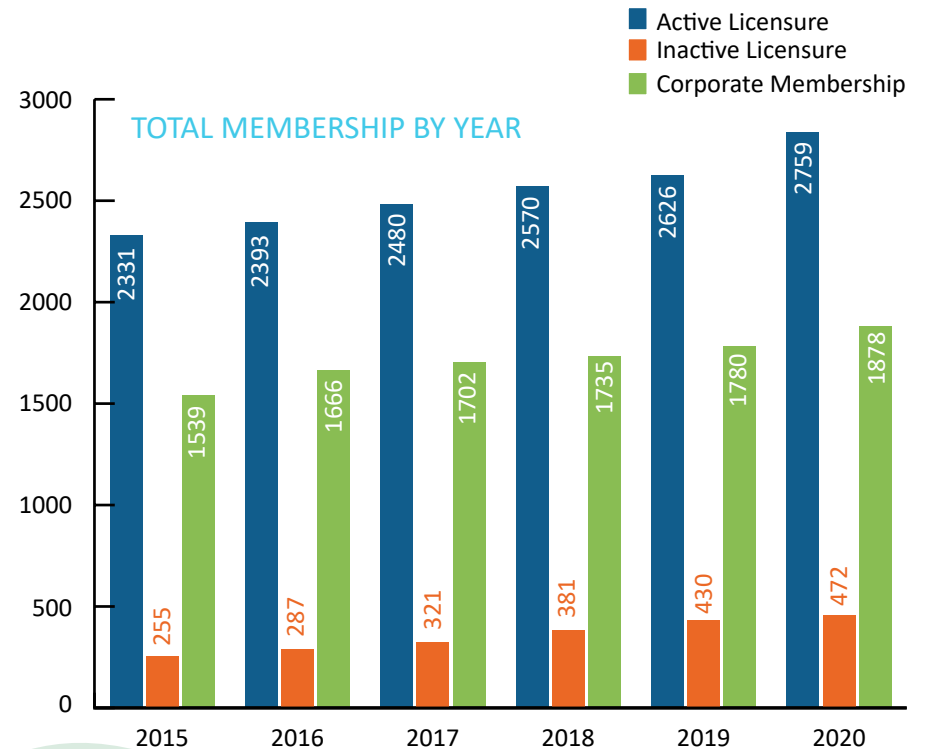
The Registration Services Department is responsible for the licensure of physicians wishing to practise in Saskatchewan. The CPSS has legislated requirements that must be met before a physician can obtain a licence. Every physician application requires a careful review of their education, training, and relevant experience, as well as any outstanding investigations, disciplinary actions, or restrictions, before a licensure decision can be made.

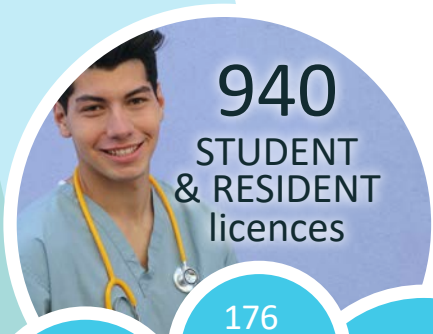
In addition to meeting the core function of Registration and Licensure, the Registration Services Department also serves to support the Assessment and Supervision process for International Medical Graduates (IMGs), works to ensure Professional Maintenance requirements are being met and also performs a Monitoring and Reporting function in support of important backend functions, such as billing and privileging.



Membership in 2020

133
active
licences
within the province
5% increase
over 2019





940
STUDENT & RESIDENT
licences

204
Medical
Students

176
Clerks

94
Resident
Electives

466
Residents



TOP 5
RESIDENT
PROGRAMS
of Practice
for 2020

29
Diagnostics
& Radiology

30
Anesthesia

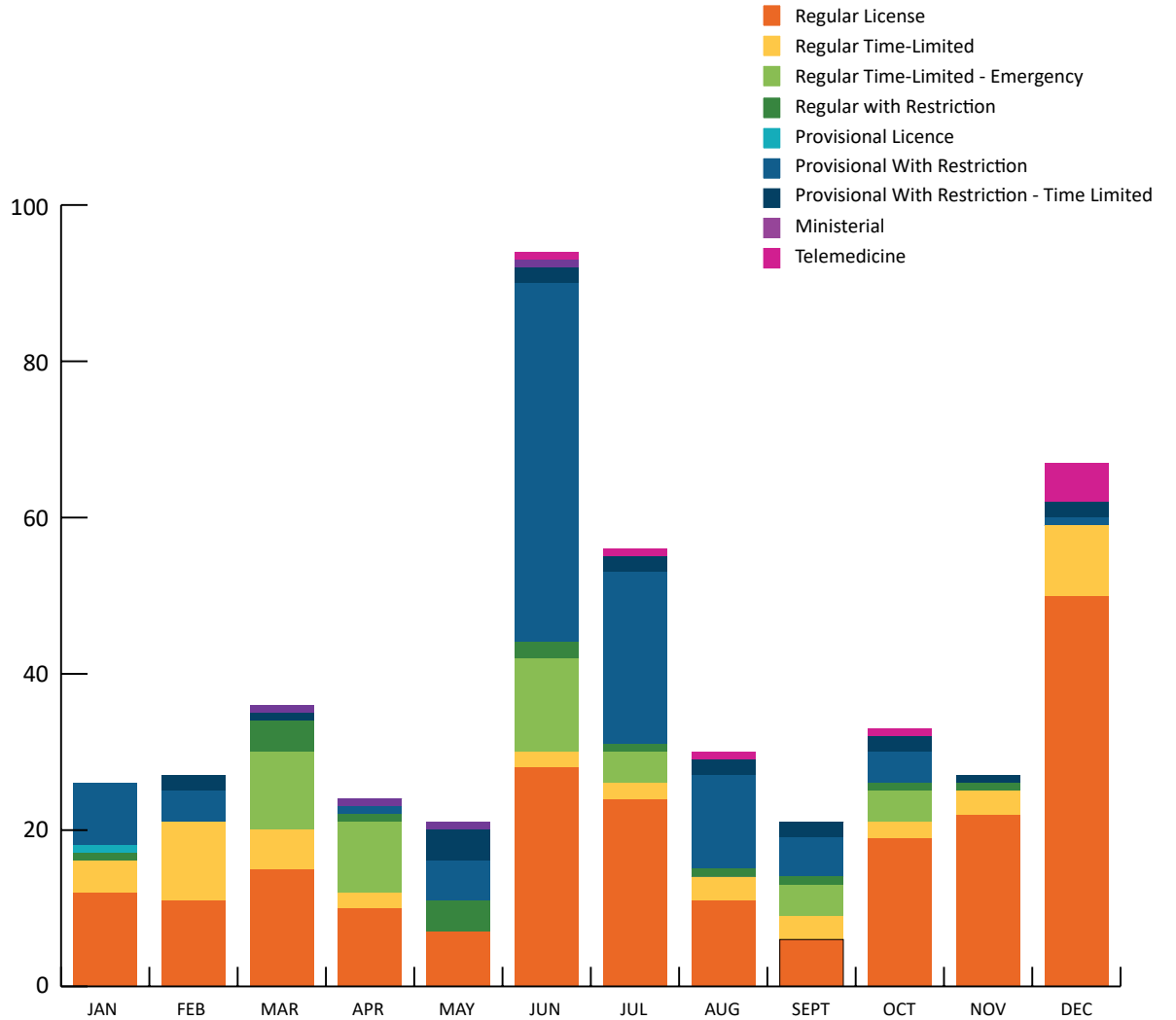
100
Family
Medicine

75
Internal
Medicine

36
Obstetrics &
Gynecology

TYPE OF LICENCE ISSUED PER MONTH IN 2020

(Does not include educational or inactive licences)



The COVID-19 Impact on Licensure

It is assumed that COVID-19 was responsible for the higher number of active licences in 2020, in part due to the limited mobility it brought through cancelled qualifying and certifying exams and in part due to the increased demand for medical support within the healthcare system, to manage and respond to the impacts of the pandemic.

Early in 2020, the **Registrar declared an emergency under Bylaw 2.18**, to expedite licensing physicians who had been licensed to practise in Saskatchewan within the last 3 years. Enacting Bylaw 2.18 was done in an effort to remove barriers to physicians who came forward to assist Saskatchewan in dealing with the pandemic.

The chart to the right shows the breakdown of the types of licences issued in 2020, with the exclusion of Educational Licences, which are typically issued to Medical Students, Clerks, Residents and Physicians engaging in learning cycles as well as Inactive Licences, which are typically issued through the annual Licensure renewal process.

In response to the pandemic, 2020 saw:

- **25 Regular, Time-limited Emergency Licences** issued, in response to the pandemic.
- **109 Provisional with Restriction Licences** issued. This was a likely result of having more Residents staying in province given their inability to sit their qualifying exams. For a Resident to be issued a Regular Licence, they are required to pass the Medical Council of Canada’s Qualifying Examination Part Two (MCCQE2). In 2020, these exams were cancelled as they have typically been run as in-person examinations and thus created a challenge to licensing residents on a Regular Licence.

Provisional Licences typically require that the candidate is supervised. In an effort to respond to the cancelation of the qualifying exams, CPSS sought advice from the University of Saskatchewan, College of Medicine program on which Residents would benefit from having supervision until their first opportunity to sit and pass the qualifying exam and which candidates could have their supervision waived, based on a set of criteria established. For those candidates that required supervision, the College worked with the Saskatchewan Health Authority to identify and vet additional supervisors to assist Residents in bridging the end of their formal training to a time when their exams could be successfully completed.

New Licences Issued by Type

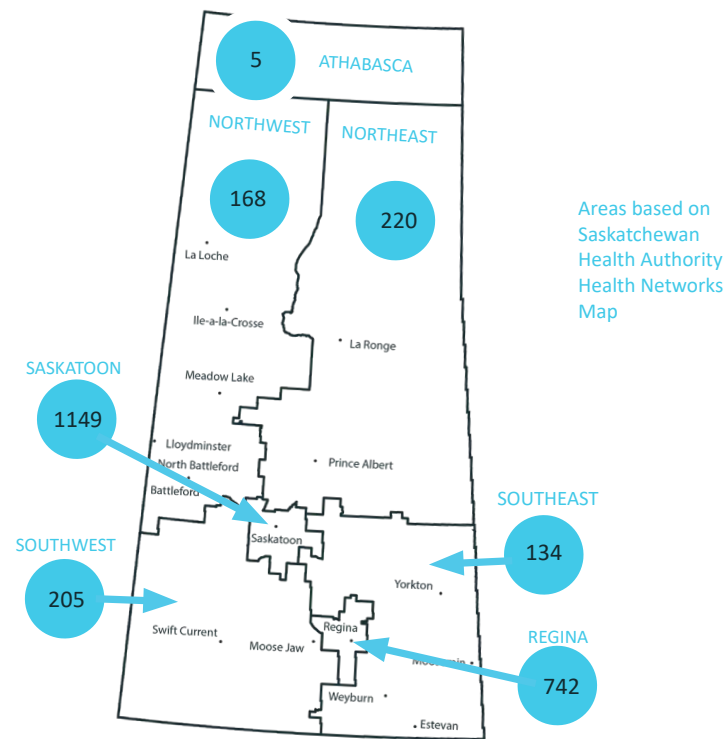
Licence Type	Total in 2020
Regular Licence	215
Regular Time Limited	45
Regular Time Limited – Emergency	25
Regular with Restrictions	17
Provisional Licence	1
Provisional with Restrictions	109
Provisional With Restrictions – Time Limited	19
Ministerial	4
Telemedicine	9
Inactive	472

Profile of the Saskatchewan Physician

Where are our Physicians located in the Province?

Based on the PRIMARY office address, **approximately 72%** of physicians are practising in one of our two main centers of Saskatoon or Regina Zones, whereas **approximately 28%** are practising in the surrounding more rural zones.

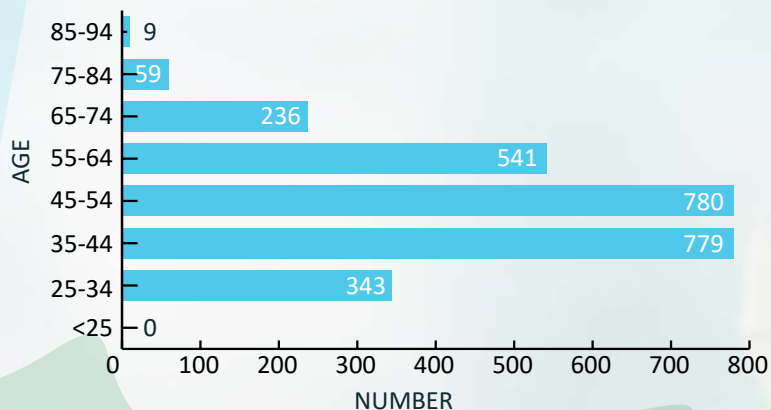
However, it is important to note that while many physicians hold a primary office in an urban area, many do travel to serve rural areas.



Registered Physicians by Age

The average age of physicians holding a licence is **49 years**.

Physicians working in Saskatchewan are **2.5 years older** than the average age in 2019. Our physician population is getting older.








Saskatchewan International Physician Practice Assessment (SIPPA) Program

The SIPPA program is a collaborative effort of the **Saskatchewan Ministry of Health, Saskatchewan Health Authority, SaskDocs, the University of Saskatchewan, College of Medicine, Continuing Medical Education Department** and the **CPSS**, to provide a licensure pathway for internationally trained physicians.

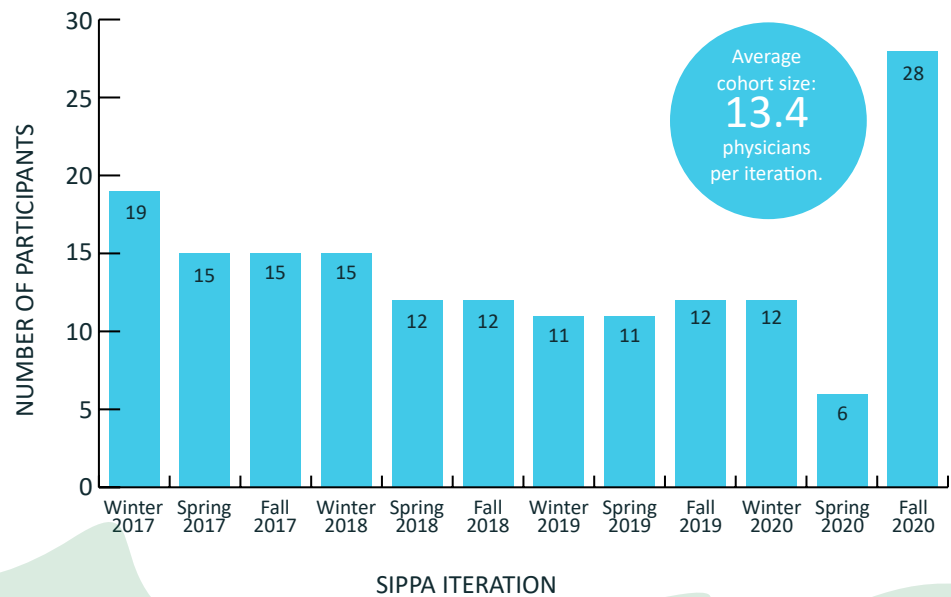
The program typically runs **3 cohorts per year**, where selected physician candidates engage in a **12-week Clinical Field Assessment**, followed by a minimum **12 months of Supervised Practice**, culminating in a **Summative Assessment** to determine competency for licensure.

The College has **three key responsibilities** in support of the program (noted right).

Key SIPPA Responsibilities for the CPSS

		
<p>Pre-Registration Issue Final Ruling of program applicants as to their fitness for an Educational Licence (Average new applicant rate of 120/year)</p>	<p>Supervision Vetting and orient Supervisors identified by the SHA, Coordinate the submission and review of Supervisor Reports to determine if Summative Assessment is warranted.</p>	<p>Summative Assessment Identify Assessor and coordinate the review of 360 Feedback, Self Evaluation, Pre-Visit Questionnaire, Report from the Area Chief of Staff from the SHA, Final Supervisor Report and a list of select patients for a chart review.</p>

IMG PHYSICIANS ACCEPTED TO SIPPA PROGRAM ITERATIONS



However, like many things, COVID-19 required CPSS to be nimble and adjust its processes to respond to a significantly larger than usual fall iteration of **28 physician candidates**, due to the impact COVID-19 had on the program in the spring of 2020. The SIPPA fall iteration coincided with one of the busiest times for the Registration Services Department, the Annual Renewal season.

The Registration Services Team worked hard to ensure physician candidates were appropriately licensed to start their fall program and that Supervisors were vetted, so that the physician candidates would be ready to begin their Supervised Practice in early 2021.

To further respond to the significant shift in the size of the fall iteration and to facilitate greater communication and process management, a **monthly operational meeting** of SIPPA, SaskDocs and CPSS was initiated in early fall 2020.

International Medical Graduate (IMG) Supervision and Assessment

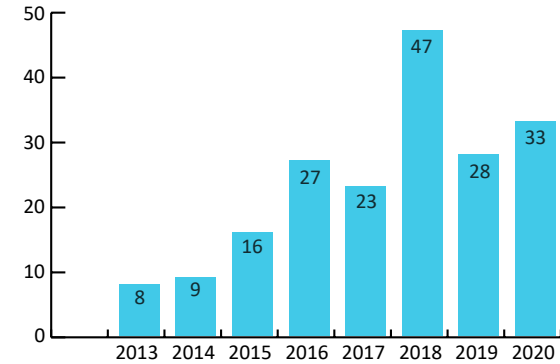
33

Family Practice Physicians successfully complete summative Assessment

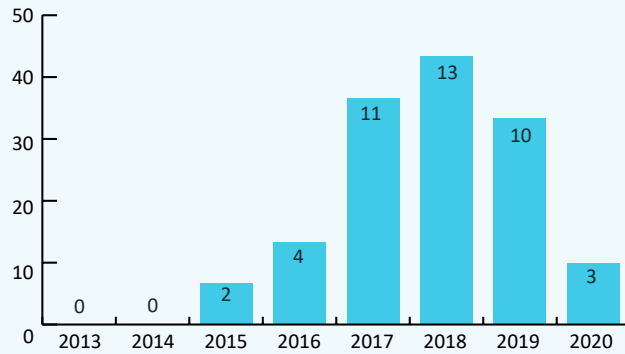
Successful completion of **Supervision** and a **Summative Assessment** becomes the critical steps required to achieve an enduring licence.

Once a physician has undergone a period of supervised practice, they can engage in a Summative Assessment. The CPSS coordinates Summative Assessments for **IMG Family Practice** and **Specialist** physicians.

ENDURING LICENCE DUE TO SUCCESSFUL SUMMATIVE ASSESSMENT - FAMILY PRACTICE



INTERIM PROCESS - FAMILY PRACTICE



On occasion, physicians who embark on the Summative Assessment are not deemed to be ready to enter independent practice and are required to engage in some further remedial work while continuing supervised practice. This is referred to as the **Interim Process**.

3

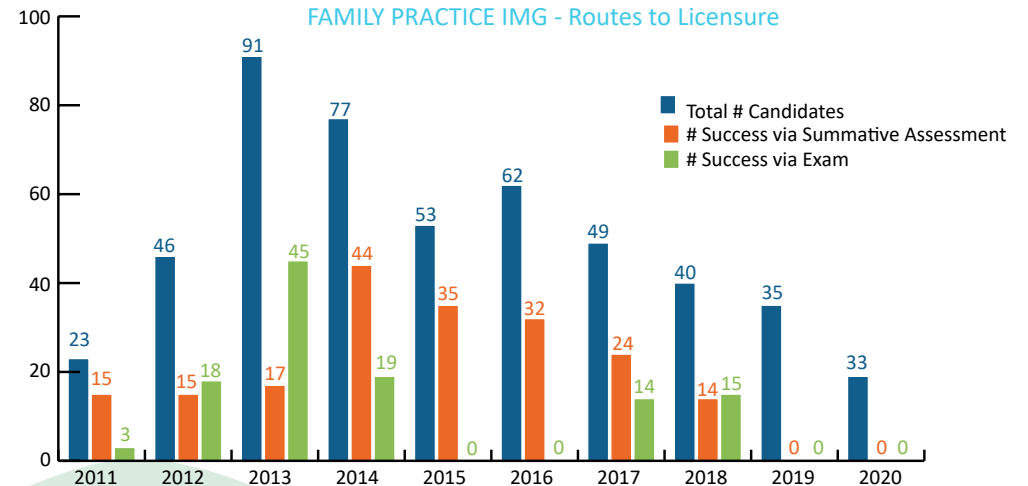
Family Practice Physicians in Interim Process

CLICK HERE for more on IMG assessment processes

Some physicians who embark on a Summative Assessment also decide to prepare and sit for their related certifying exams.

The chart on the right shows the progression over the last 9 years of total Family Practice physicians per year who were eligible to challenge a summative assessment, those who completed a summative assessment and those who completed their certifying exams as the pathway to licensure.

FAMILY PRACTICE IMG - Routes to Licensure

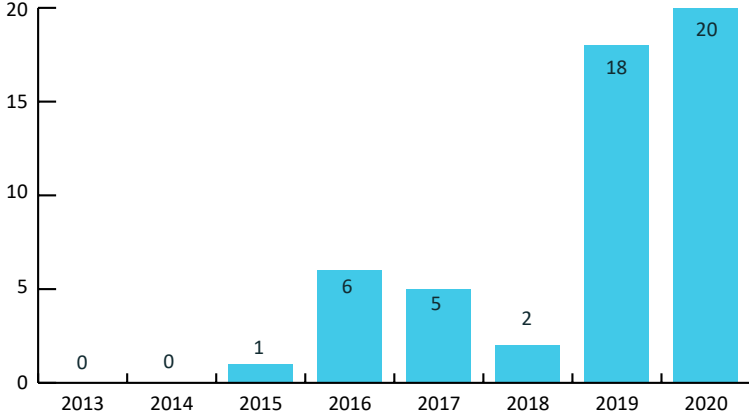


181
Successful
Summative
Assessments
since 2011

Since 2011, a total of 495 Family Practice physicians initiated a Summative Assessment. Of those, 181 have successfully passed the Assessment, and 114 have challenged and successfully completed their certifying exams, thus exiting the program.

Physicians may depart from the process for a variety of reasons, including, but not limited to: departure for personal reasons (ie. such as moving); obtention of certification by exams, where the physician no longer requires supervision; or in the case where their licence was terminated.

ENDURING LICENCE DUE TO SUCCESSFUL SUMMATIVE ASSESSMENT - SPECIALIST



A quick look at Specialist IMGs

12
Surgical
Assistants



8
Specialists



20
SPECIALIST
PHYSICIANS
successfully completed
Summative
Assessment
in 2020

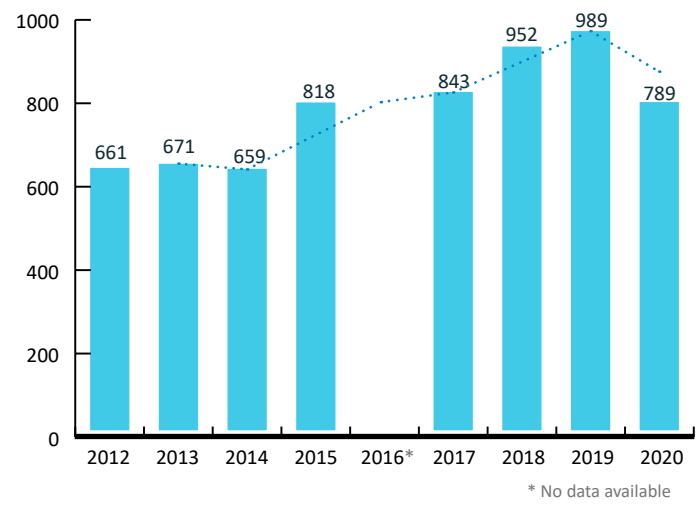
2
Specialists
diverted to an
interim process

Certificates of Professional Conduct (CPC)

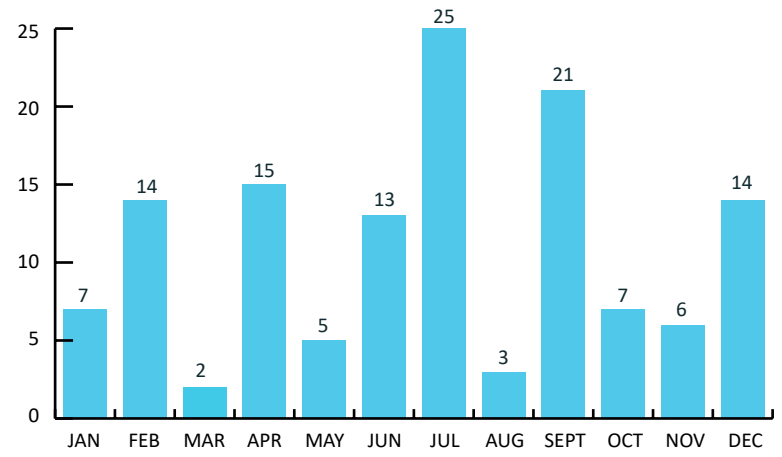
The CPSS saw approximately a **20% reduction** in the number of CPCs issued in 2020 from the previous year.

It is anticipated that limited mobility across the physician community as a result of the pandemic, in addition to the cancellation of College of Family Physicians of Canada (CFPC) Certifying Exams, where CPCs are required for approval to sit the exam, are reasons for the reductions in 2020.

OF CERTIFICATES OF PROFESSIONAL CONDUCT (CPC) ISSUED



NEW CORPORATIONS REGISTERED



New Medical Corporation Permits (MCP)

The CPSS saw **132 Medical Corporate Permits** registered in 2020.

July and September bring about our biggest influx of Corporations and it is anticipated that this corresponds with Residents achieving their enduring Licence.

A physician cannot practise medicine through a corporation unless that Medical Corporation is registered with the CPSS.

All physicians who practise medicine through the Corporation must be registered under *The Medical Profession Act, 1981*.

Bylaw Development and Changes

The College's Regulatory Bylaws establish expectations for physicians and for the College. They establish practice standards, requirements for licensure, a Code of Ethics, and define certain forms of conduct as unprofessional. The Council actively reviews College bylaws, policies, standards and guidelines to ensure that they remain appropriate. All are posted on the College's website.

CHANGES IN 2020

Bylaw 7.1 – The Code of Ethics

Bylaw 7.1 was amended to adopt the 2018 Canadian Medical Association Code of Ethics and Professionalism (with two minor amendments) as the Code of Ethics that Saskatchewan physicians are expected to uphold. This replaced the 2004 CMA Code of Ethics that had previously been adopted and contained within bylaw 7.1.

Bylaw 8.1 – Bylaws Defining Unbecoming, Improper, Unprofessional or Discreditable Conduct: amendments relevant to sexual misconduct and failing to respect patient privacy

The bylaw was amended based upon the recommendations from the Committee established by the Council and the responses to the broad consultation with the profession and the public.

The changes included a better definition of what makes an individual a "patient" for the purpose of determining whether a physician has engaged in sexual misconduct with a patient. The definition of what constitutes sexual misconduct was updated and is now consistent with legislation

in other provinces. The bylaw was also amended to define "failing to respect patient privacy" and to add it as a defined form of unprofessional conduct.

Bylaw 9.1 – Conflict of Interest

Paragraph (e)(iv) was amended to clarify that the sale or supply of a drug, medical appliance, medical product or biological preparation to a patient at a profit is a conflict of interest unless it is done in accordance with the policy Sale of Products by Physicians. This amendment was required to ensure consistency with the policy which was adopted by the Council in March 2019.

Bylaw 18.1 – The Prescription Review Program: amendments to the panel of monitored drugs

The list of medications that are subject to the Prescription Review Program was updated. The program now applies to 12 new drugs as well as exempted Codeine products in addition to the medications that were listed in the bylaw before the amendment.

Bylaw 2.8 – Ministerial Licensure

The bylaw was amended to extend the sunset date to December 31, 2023 to issue Ministerial licences to physicians who work for the Saskatchewan Cancer Agency.

Bylaw 12.1 – The Competency Committee

The bylaw was amended to allow the Executive Committee to name the Chair and members of a competency committee.

Bylaw 17.1 – Minimum Standards for Written and Verbal Medication Prescriptions Issued by Physicians

After reviewing consultation feedback, the Council approved an amendment to Bylaw 17.1(d) to require “wet” signatures on EMR-generated prescriptions that are printed and provided directly to patients.

Bylaw 35.1 – Payment at Specialist Rates

This bylaw was amended to permit payment at specialist rates for physicians who successfully completed their residency training in Canada in 2020 and have been granted a provisional licence, but who were unable to challenge the Royal College examinations due to cancellations related to COVID-19.

These physicians will be placed on the specialist list of the College until the Royal College of Physicians and Surgeons of Canada has released the results of the first examinations that the physician was eligible to challenge in that physician’s specialty.

Policies, Standards and Guidelines

Changes in 2020

The Council of the College actively reviews its policies, standards and guidelines to ensure that they remain appropriate. Guidelines, standards and policies are assigned a sunset date for review.

All of the College’s policies can be found on the College’s website. The new and amended policies below can be accessed by clicking on each policy title in BLUE.

[Clinics that Provide Care to Patients Who Are Not Regular Patients of the Clinic](#)

[Complementary and Alternative Therapies](#)

[Conscientious Objection](#)

[Consultations - College Policy Development](#)

[Contents and Access to Information in Physician’s College Files](#)

[Opioid Agonist Therapy Standards \(OAT\) and Guidelines](#) **UPDATED**

[Patient-Physician Communication](#)

[Patient-Physician Relationships](#)

[Patients Who Threaten Harm to Themselves or Others](#)

[Prescribing: Access to the PIP Program or EHR Viewer](#) **NEW**

[Providing Care to Employees or Co-workers](#)

[Public Access to Council Meetings](#)

[Standards for Primary Care](#) **UPDATED**

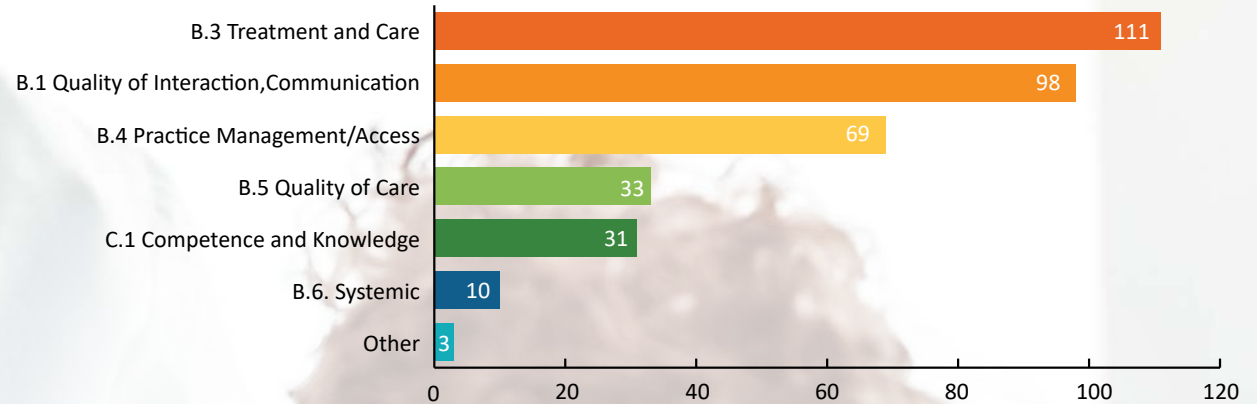
[Sexual Boundaries](#)

[Transfer of Patient Records](#)

[Victim Impact Statements](#) **NEW**

Most Common Allegations in 2020

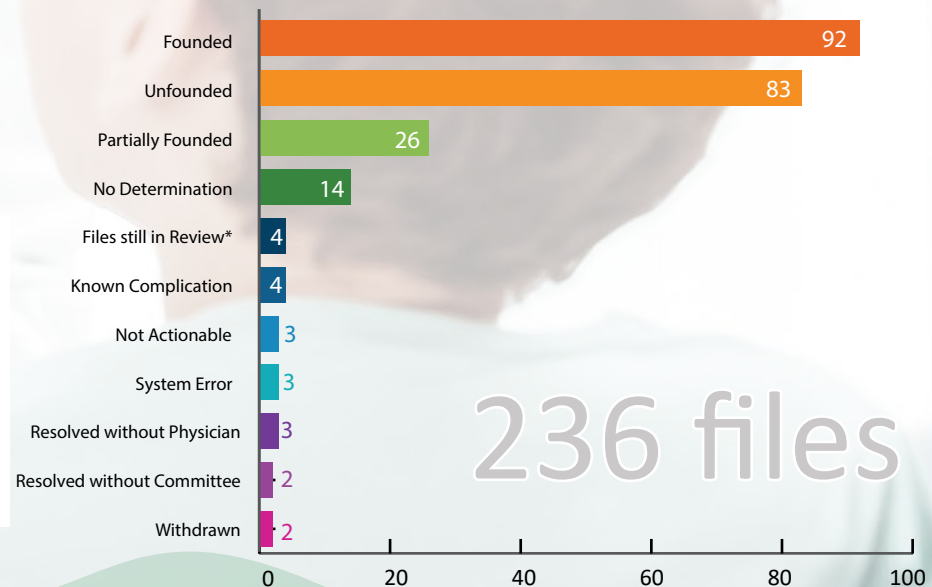
The **236 files** handled by the Quality of Care Department contained a total of **355 allegations**. Some complaints contain more than one allegation.



The Quality of Care Department receives and navigates through informal and formal complaints. The Complaints staff at the College continue to receive an increasing influx of complaints from the public, physicians and other health professionals and 3rd party sources.

File Determinations in 2020

Categorisation for each new file received in 2020.



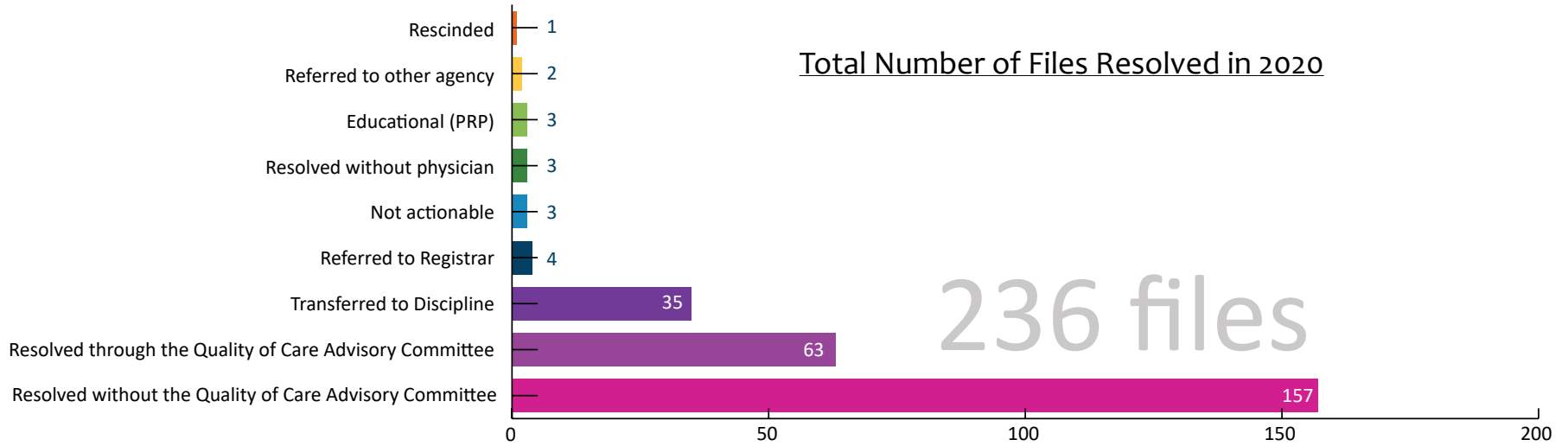
236 files

File Coding

B-codes: BEHAVIOUR - Any behaviour that is a breach of the Code of Ethics or poor communication or conduct, as evaluated by patients, co-workers, or peers.

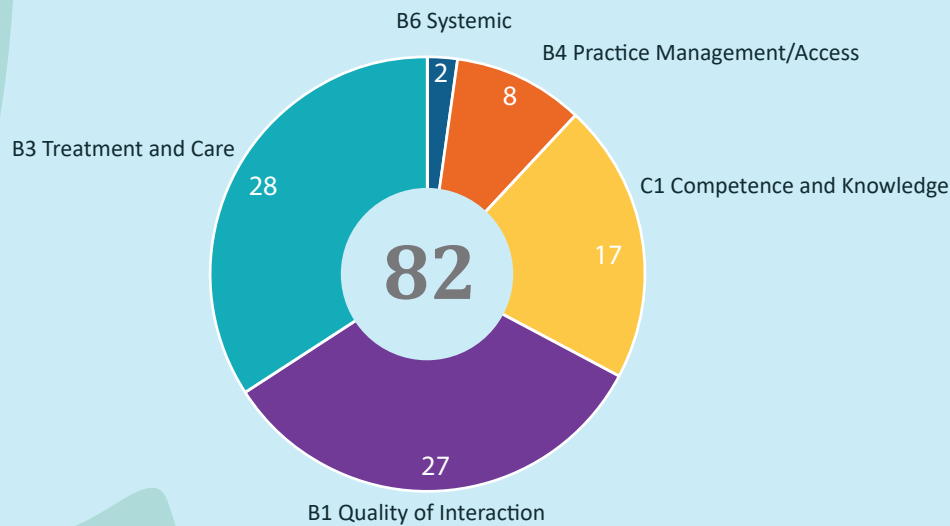
C-codes: COMPETENCE - Inadequate knowledge, skills or attitudes or the inability to appropriately apply knowledge, skill, or attitudes.

F-codes: FITNESS - Any condition (drug abuse, alcohol abuse, physician disease, psychiatric disease, or other stressors) that impairs physician performance and ability to practise.

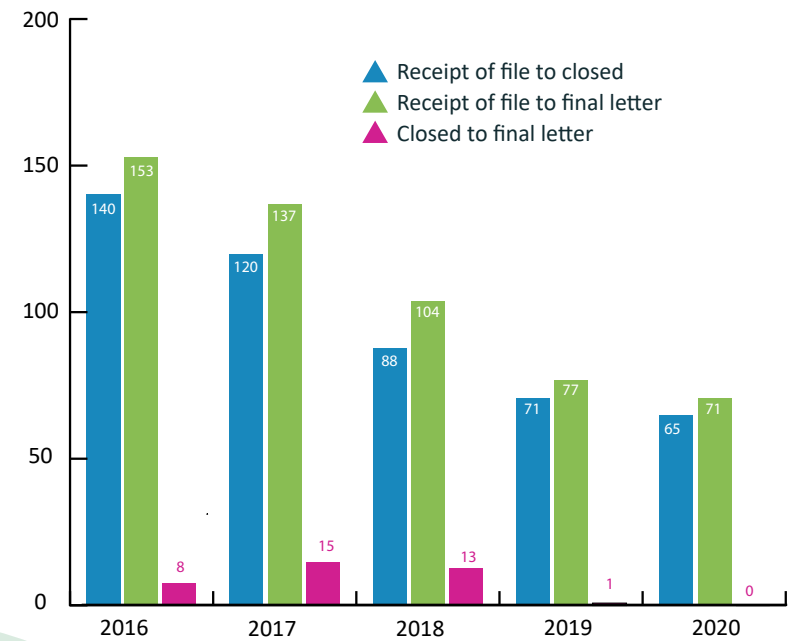


Determinations by the Quality of Care Advisory Committee

The 63 files handled by the Committee contained a total of 82 allegations. Some complaints contain more than one allegation.

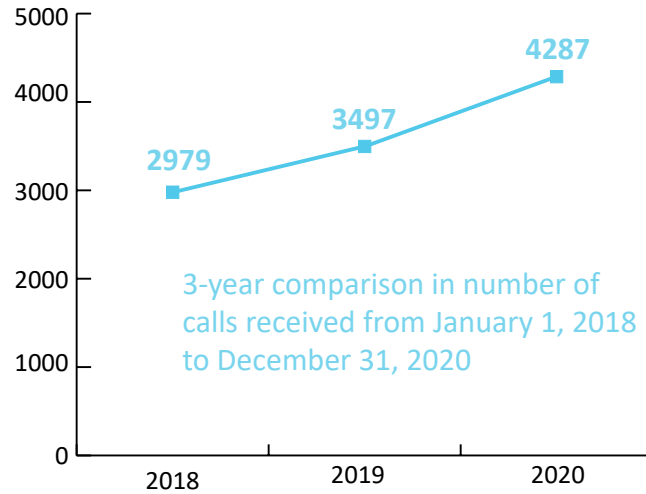


Time taken by department to close files



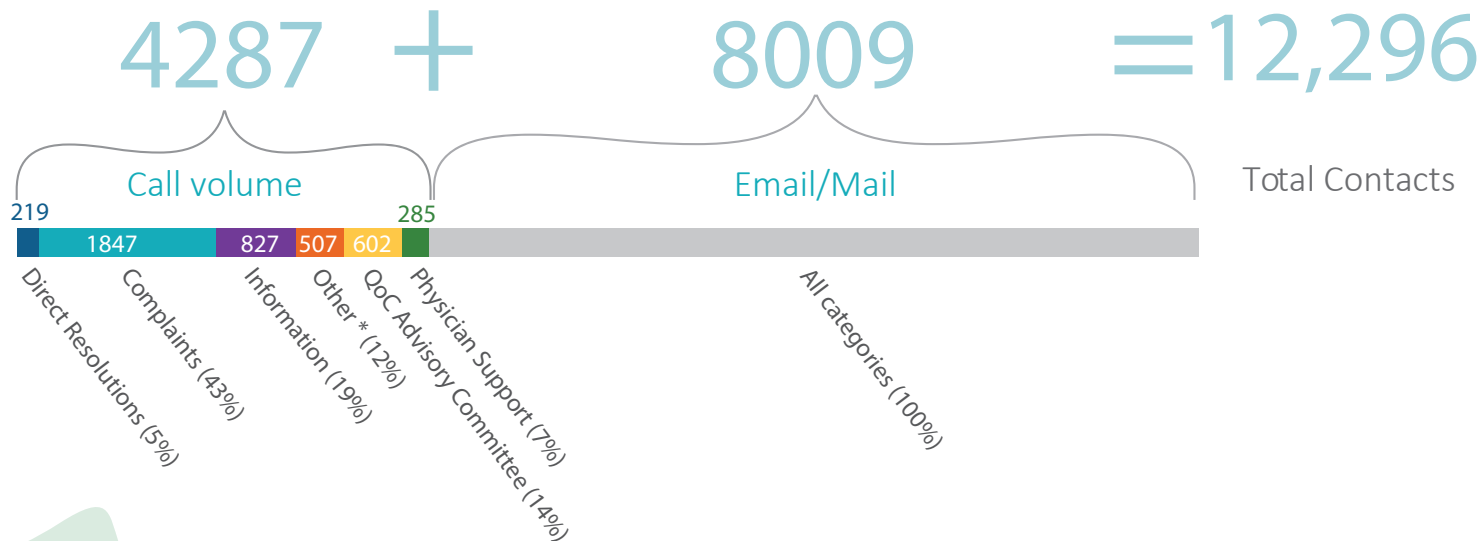
Volume of incoming contacts managed by the Quality of Care Department

In the last 3 years, the call volume managed by the Quality of Care Department increased dramatically.



Nature of incoming contacts managed by the Quality of Care Department

* Includes enquiries relating to ECG, Prescription Review Program, Saskatchewan Health Authority Areas, Saskatchewan Medical Association, Government, Discipline, Appointments



TOTAL FILES UNDER REVIEW

48

FILES IN PROCESS at DEC 31, 2019

+

271

NEW FILES OPENED in 2020

-

263

FILES CLOSED in 2020

56

TOTAL FILES CARRIED OVER to 2021

Measures undertaken to ensure Quality of Care during the pandemic

In response to the arrival of the pandemic situation, the CPSS took rapid action in 2020 to protect the public by ensuring physicians were well informed and received guidance to be able to continue to ensure the delivery of quality, safe and appropriate care for patients.

Several healthcare guidance and clarification documents, tools and other resources relating to Quality of Care were made available in 2020, including but not limited to the following:

- Expectations of Physicians relating to the provision of care during a pandemic.
- Expectations of physicians for scope of practice expansions during the pandemic
- Guidance to Physicians regarding patient care issues during the COVID-19 pandemic
- Guidance to physicians regarding the Code of Ethics and Code of Conduct during a pandemic
- Guidance on providing sick notes to patients during the COVID-19 pandemic
- Virtual Care was implemented as a care delivery model and a guidance document on expectations of physicians delivering virtual care during a pandemic was provided.
- Guidance on advertising virtual care during the pandemic.
- Access to care during COVID-19
- The Quality of Care department instituted a rapid complaints resolution process to manage COVID-19 related complaints, with a high degree of success and patient satisfaction.
- The CPSS website was adapted to include COVID-19 information to the public, to physicians, and included links for medical students, faculty and staff to house clinical information for physicians and to provide information to patients relating to care.
- The CPSS worked with eHealth to establish a truncated process for Physicians and Residents to obtain access to the Pharmaceutical Information Program (PIP) platform for e-prescribing.
- Verbal orders for Prescription Review Program medications were temporarily permitted for Controlled Drugs and Substances Act medications to reduce the risk of exposure from frequent in-person pharmacy visits

The CPSS was also regularly called upon to provide individual advice to specific physicians in relation to specific circumstances.

Disciplinary Actions

2020 presented a number of challenges for College staff, the Council and the Executive Committee in addressing complaints that physicians had acted unprofessionally, lacked skill and knowledge or had a health issue which affected their fitness to practice.

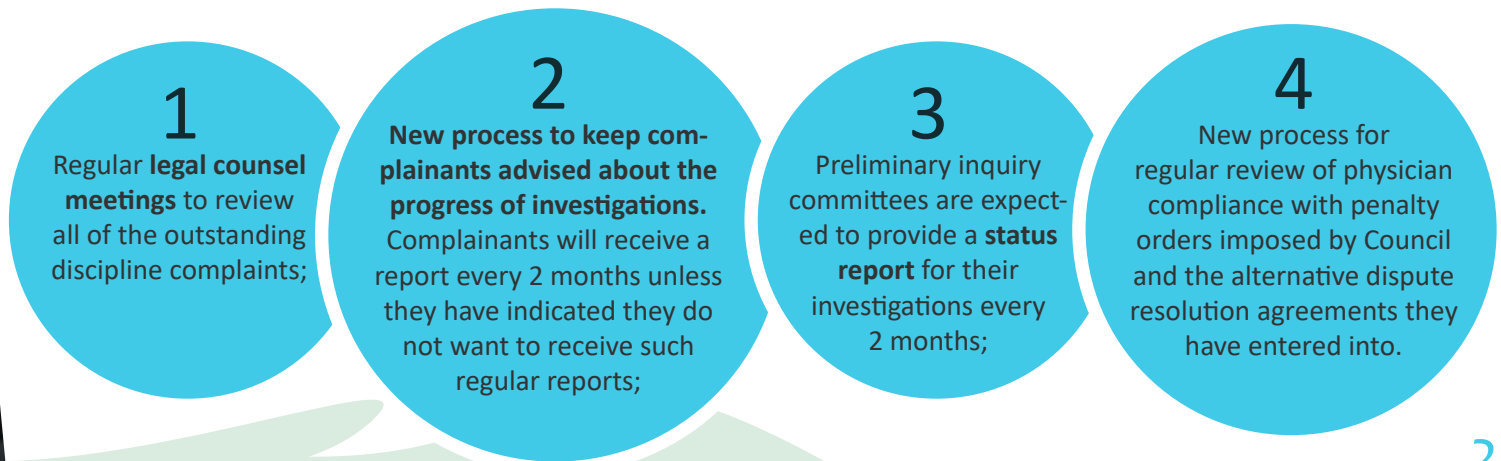
The COVID Impact

There were significant challenges in dealing with complaints in a timely fashion. The restrictions on in-person interactions delayed some investigations by preliminary inquiry committees. For the first time the College conducted virtual hearings which required changes to the usual College processes. The College received a number of complaints related to physicians' conduct during the pandemic, including complaints that physicians failed to follow COVID-19 protocols and physicians inappropriately billed for providing care in a way that would not have occurred had there not been a pandemic.

Council exercises its oversight role to ensure that disciplinary investigations progress in a timely manner. At every Council meeting, the Council receives a report of all outstanding discipline matters including information about the physician's alleged conduct, how long the matter has been outstanding and information about its status.

The College has focussed considerable effort into maintaining timeliness in addressing complaints despite the significant increase in the number of complaints of unprofessional conduct that it investigates – from 24 complaints in 2011 and 31 in 2012 to 80 complaints in 2019 and 74 in 2020.

MAIN PROCESS IMPROVEMENTS INTRODUCED IN 2020:



Trends

1

There has been a very significant increase in the number of referrals from the Joint Medical Professional Review Committee after it reviews and reassesses physicians' billings. The reviews often express concerns about the quality of care provided to patients, the quality of medical record-keeping and inappropriate billing practices.

4

There has been a very significant increase in the number of complaints of unprofessional conduct related to failure to maintain the standards of practice of the profession.

A decade ago, it was very unusual for the College to conduct a disciplinary investigation related to the quality of care provided by a physician. In 2011, for example, there were two disciplinary complaints which alleged failing to maintain the standard of practice of the profession. In 2020 there were 12 such complaints.

There has been a huge increase in the number of complaints alleging unprofessional conduct in the past few years. From 2011 to 2016 the College received an average of 26 discipline complaints per year. In 2018, 2019 and 2020 the College received 56, 80 and 74 disciplinary complaints. The College's impression is that patients more frequently complained to the College about matters which, years ago, they would not have complained.

2

5

The College is receiving more complaints alleging unprofessional communications with patients or coworkers.

The College is frequently addressing concerns about physician conduct through alternative dispute resolution (referenced on the following page).

6



3

The increased complexity and number of complaints, and the increase in efforts to resolve complaints through alternative dispute resolution have resulted in a huge increase in the Executive Committee workload.

In 2016 the Executive Committee reviewed 85 memoranda. In 2020 it reviewed 144.

There is an increasing number of contested hearings in which physicians deny unprofessional conduct. The complexity of these hearings also appears to be increasing with each hearing taking more hearing days to address all of the evidence.

7

Alternative Dispute Resolution

One of the significant initiatives by the College has been to try to resolve concerns about physicians' conduct through alternative dispute resolution (ADR), where that is appropriate. The College began to use ADR more frequently beginning in about 2017 and has resolved many concerns about physicians' conduct through ADR since that time. The College entered into more ADR agreements with physicians in 2020 than in any previous year.

Most ADR agreements require the physician to sign an undertaking with the College promising to do what is described in the agreement. The College established a process to review physicians' compliance with such undertakings to ensure that the agreements are completed in the designated timeframe.

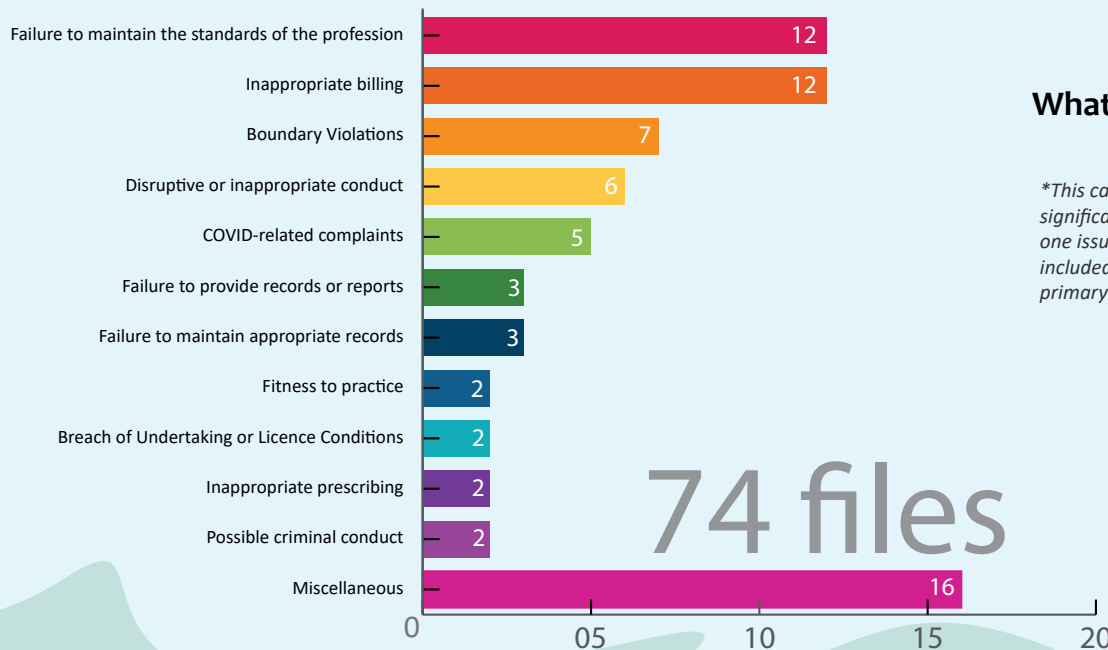
The College may enter into an ADR agreement with a physician at any stage of a disciplinary investigation. Either the Council or the Executive Committee must authorize resolution of concerns about a physician's conduct through ADR. ADR may be offered before an investigation by a preliminary inquiry committee begins, after reviewing a report from a preliminary inquiry committee, or after a charge of unprofessional conduct has been laid.

In 2020 the College entered into 15 ADR agreements with physicians. Inappropriate record-keeping was a primary focus in 9 of those agreements. Those agreements required the physician to successfully complete a record-keeping course and to undergo a chart audit. If the chart audit demonstrated that the physician's records were appropriately maintained the College regarded the concerns about the physician's record-keeping as fully resolved.

Three of the ADR agreements were focused on physician communications. Two ADR agreements were focused on physicians agreeing to provide third-party reports on a timely basis and required the physician to provide regular reports to the College of outstanding report requests. One ADR agreement required the physician to successfully complete a boundaries course.

Several of the agreements required the physician to successfully complete an ethics course and/or review information about appropriate billing for professional services.

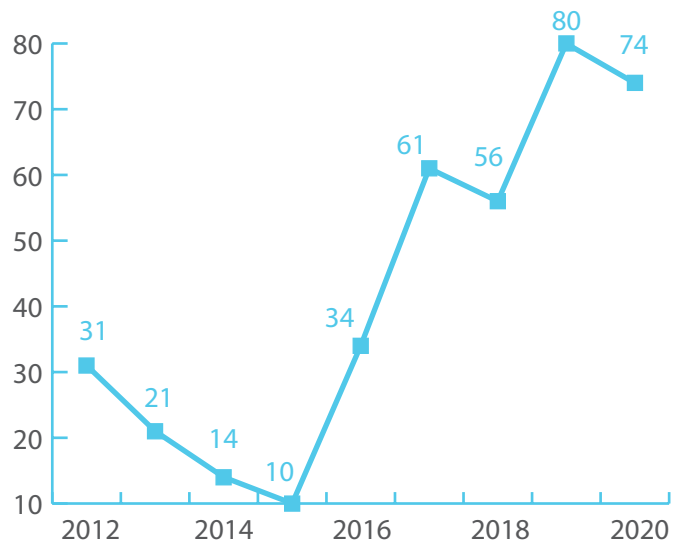
The use of ADR has been quite effective and has been a preferable outcome for many physicians who might otherwise have been formally disciplined.



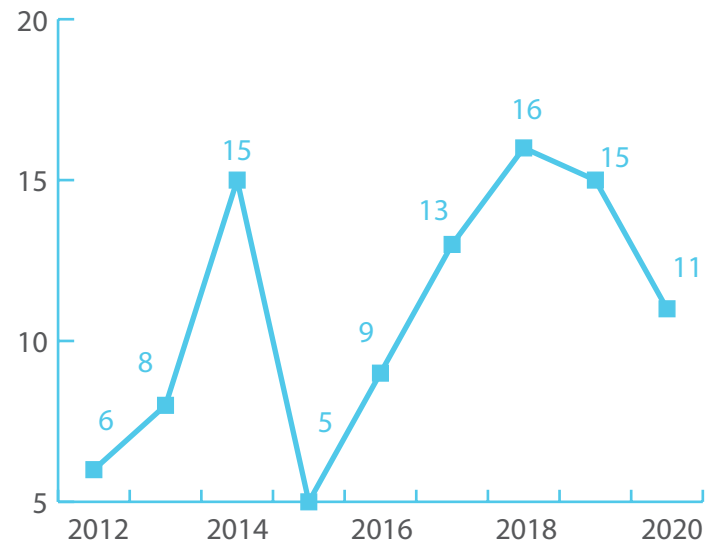
What did the complaints allege*?

**This categorization represents our best efforts to categorize the most significant element of complaints. Some complaints raise more than one issue of concern. For example, several of the complaints above included concerns about inadequate medical records in addition to the primary issue of concern*

Number of disciplinary complaints



Number of physicians charged with unprofessional conduct



TOTAL DISCIPLINE CASES IN PROCESS

87
CASES IN PROCESS at JAN 1, 2020



73
NEW CASES in 2020



70
CASES CLOSED in 2020



90
TOTAL CASES CARRIED OVER to 2021

Court actions involving the College

1	A Saskatchewan Patient	The court dismissed an action against a College employee and an employee of the Regina Qu'Appelle Health Region related to a community treatment order under <i>The Mental Health Services Act</i> .
2	Dr. Alfred Ernst	Dr. Ernst has appealed from the decision of the discipline committee that he was guilty of unprofessional conduct for overbilling and the penalty order imposed by Council. A date has not been set yet for the hearing of the appeal.
3	Dr. Jesse Leontowicz	Dr. Leontowicz has appealed the decision of the discipline committee that he had sexual intercourse with a woman without her consent and the Council penalty decision. The appeal is set to be heard in April.
4	Dr. Ali Solgi	Dr. Solgi has sued the College and a College employee alleging that he was inappropriately suspended and denied a regular licence. That action is at the very early stages of litigation.

QUALITY ASSURANCE

13
RADIOLOGIST
AUDITS

4
OBYN
AUDITS

5
ECG
AUDITS

Diagnostic Imaging Quality Assurance Program

The Advisory Committee on Medical Imaging held three meetings in 2020, all via WebEx.

DIQA STATS

- A total of **13 radiologist audits** were completed; 10 were satisfactory, one was designated for re-audit and two were referred to the Registrar.
- During 2020, **four requests** for audit were received from the CPSS Quality of Care Department. These were completed; three were satisfactory and one not acceptable.
- **Four Obstetrician/Gynecologist audits** were completed with two found to be satisfactory, one scheduled for re-audit and one under review.
- **Five echocardiography audits** were projected for 2020, plus a carryover from 2019. Two audits were found acceptable, one is still being reviewed by the auditor and two pediatric audits have been sent out of province for review.
- An out of province assessor was used for **three MRI/CT facility assessments**.

COVID IMPACT

Due to the Covid-19 pandemic, the audit process was paused in March, however, resumed in June. Because of this, a few audits were pushed forward to 2021: six radiologists, three obstetricians/gynecologist and the two pediatric echo cardiologists.

Laboratory Quality Assurance Program

Staff attended the January 2020 Western Canadian Diagnostic Accreditation Alliance standards meeting in Edmonton. Staff also took part in the conference provided by the Saskatchewan Society of Medical Laboratory Technologists; this was presented via WebEx over numerous lunch breaks.

The LQAP meeting format was changed to include all disciplines (Anatomic Pathology, Chemistry, Hematology, Microbiology and Transfusion Medicine) rather than discipline-specific meetings. Three meetings were held all via WebEx.

A total of 16 laboratories received accreditation certificates as they provided satisfactory evidence of compliance from their 2019 assessments.

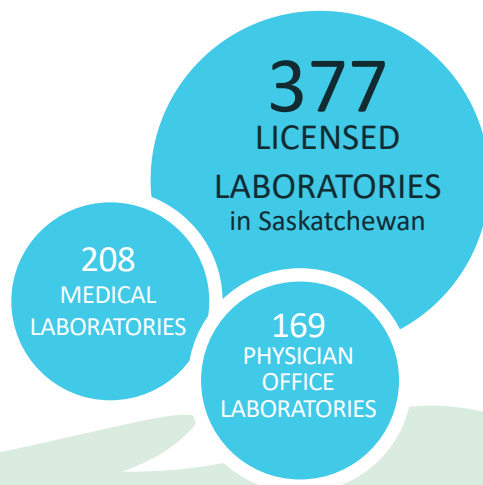
COVID IMPACT

Due to the Covid-19 pandemic, all laboratory assessments were postponed until 2021. A process has been developed to perform the laboratory audits in 2021 using a combination of virtual review, desk audits and on-site visits.

External Quality Assessment

There are **2273 external quality assessment subscriptions** providing **5630 test events** to the total number of laboratories.

All results were reviewed by the LQAP. A total of **795 deficiencies** required investigation and a response back to the LQAP. These responses were reviewed by the Quality Assurance Committees. The LQAP provided committee feedback to the facilities with deficiencies.



Non-Hospital Treatment Facilities Program



All facilities are fully approved.

The program has maintained the 3-year inspection cycle with its standard inspection team of one nurse and two physicians, and has been able to maintain physical inspections of facilities as they come due using COVID-19 protocols.

This year, Saskatchewan hosted the annual Non-Hospital Treatment Facility meeting (virtually) which included British Columbia, Alberta, Saskatchewan, Manitoba and Ontario. Common goals and concerns are discussed.

Several enquiries regarding the possibility of new clinics coming online as Non-Hospital Treatment Facilities have been made, but nothing concrete has yet manifested at this time.

16
LABORATORIES
received
accreditation
certificate

OATP

Opioid Agonist
Therapy Program

The Opioid Agonist Therapy Program (OATP) is administered by the College of Physicians and Surgeons of Saskatchewan (CPSS) on behalf of the Ministry of Health, Community Care Branch and is responsible for educating, monitoring, supporting, and recommending physicians for CPSS approval to prescribe opioid agonist therapy (OAT). Staff from the OATP program are also responsible for the Prescription Review program (PRP).

Enquiries and Educational Outreach

Staff logged 287 calls related to the program in 2020. A few examples of calls include pharmacists confirming OAT approval for physicians, physicians seeking pharmaceutical advice regarding a patient, pharmacists asking for clarification/support for prescriptions they are filling and the general public reporting alleged misuse of medications. Telephone calls often involve assisting with coordination of care for patients.

OAT Education and Training Pilot

The emergency declaration, made in response to COVID-19 by the CPSS Registrar under bylaw 2.18, allowed for the creation of a new OAT education and training pilot which was launched in October 2020. The intent is to assist physicians obtain the training and education required to be considered by CPSS for approval to provide OAT. The pilot consists of two parts:

- **OAT 101** is an in-person, interactive session developed and delivered by the OATP Clinical Manager and the Pharmacist Manager, PRP/OATP, which focuses on the fundamentals of opioid agonist therapy (OAT). Physicians can choose to attend this session instead of completing one of the recommended online addictions courses. In 2020, sessions were held in La Loche, Estevan, Saskatoon and Moose Jaw.

- The **OAT Virtual Composite Case Study** gives physicians the opportunity to discuss comprehensive case studies. Completion of the case study is the equivalent of attending in-person mentorship.
 - Six physicians who attended one or both of the pilot sessions between October and December 2020 went on to receive CPSS approval to prescribe OAT.

An OAT/Opioid Use Disorder (OUD) educational session was provided via ECHO by the Pharmacist Manager, PRP/OATP, and OATP Clinical Manager to interested physicians and other health care professionals. Three more sessions are planned for April 2021.

Emergency Contingency Planning

An Emergency Contingency Planning group was established in early March 2020 to support physicians providing OAT during Covid-19. Recommendations were provided to the College to suspend some aspects of the Standards to allow for continued care for patients receiving OAT. Direct collaboration with prescribers, law enforcement, regulatory agencies, emergency services and more resulted in the development of several guidance documents including advice to prescribers and patient information.

Six audits for new OAT prescribers were completed in 2020 along with one audit for an experienced provider. Each audit requires a

thorough review of approximately nine comprehensive patient charts. OAT Audits allow new providers to self assess their skills and can also be informative for experienced providers. The audit allows the PRP Pharmacist Manager and OATP Clinical Manager to offer advice and suggestions for improved care and can also highlight potential concerns early on.

Standards and Guidelines

The OAT Standards and Guidelines were updated in October 2020 to include two new appendices:

- Managed Opioid Withdrawal Using Slow-Release Oral Morphine During Methadone Induction
- Buprenorphine/naloxone (bup/nx) Microdosing

OAT Physician Providers

Twenty-one physician OAT providers were approved in 2020 and eight OAT providers became inactive. As of December 31, 2020, 124 physicians were approved to provide OAT in Saskatchewan.

- 98 are approved to initiate both methadone and buprenorphine/naloxone
- 8 are approved to initiate methadone only
- 6 are approved to maintain methadone only
- 1 is approved to maintain both methadone and buprenorphine/naloxone
- 1 is approved to maintain methadone and initiate buprenorphine/naloxone
- 9 are approved to initiate buprenorphine only
- 1 is approved to maintain buprenorphine only

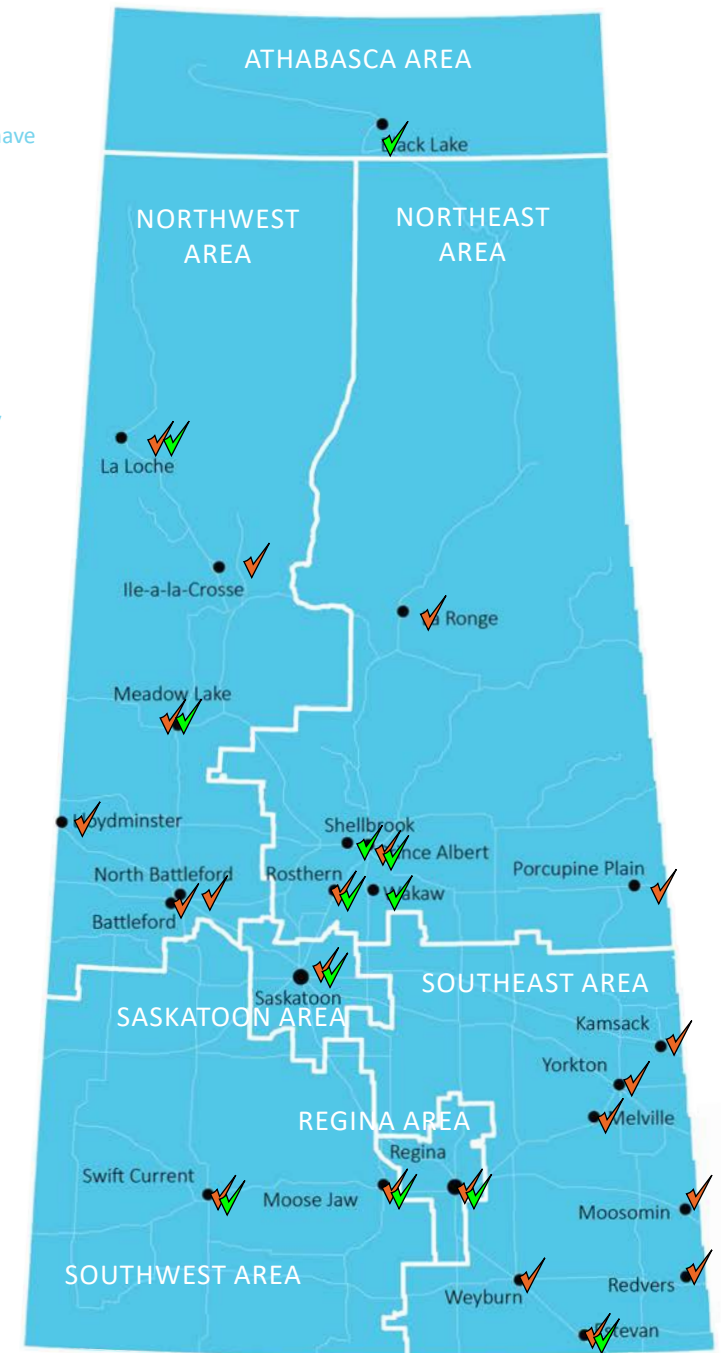
LEGEND

- ✓ Existing locations where physicians have been providing OAT
- ✓ Locations where newly approved physicians are now providing OAT

**These numbers indicate the total number of physicians approved to provide OAT for addictions in 2020. This does not represent how many physicians may be prescribing at any given time.*

Distribution by Location

City	# of providers
Battleford	1
Black Lake	1
Estevan	3
Ile a la Crosse	1
Kamsack	1
La Loche	4
La Ronge	7
Lloydminster	2
Meadow Lake	3
Melville	1
Moose Jaw	4
Moosomin	1
North Battleford	2
Porcupine Plain	1
Prince Albert	16
Redvers	1
Regina	35
Rosthern	4
Saskatoon	21
Shellbrook	2
Swift Current	3
Wakaw	1
Weyburn	1
Yorkton	6
Out of Province (active)	3
Total	124



PRESCRIPTION REVIEW PROGRAM

education | collaboration

The Prescription Review Program (PRP) is an educationally based program administered by the CPSS on behalf of the Ministry of Health. It monitors for potentially inappropriate prescribing of a panel of monitored drugs with potential for misuse, abuse and diversion. Staff from the PRP program are also responsible for the Opioid Agonist Therapy Program (OATP).

Prescription Monitoring

The PRP clinical staff request prescribing rationale from physicians when data indicates possible concerns and/or inappropriate prescribing. After reviewing a physician's response, recommendations are provided through a response letter to the physician.

Enquiries and Educational Outreach

PRP staff logged 415 calls related to the program in 2020. A few examples of calls include physicians seeking pharmaceutical advice regarding a patient, pharmacists asking for clarification/support for prescriptions they are filling and the general public reporting alleged misuse of medications. Telephone calls often involve assisting with coordination of care for patients and can be complex and involve a large time commitment.

Collaboration

After collaboration with key stakeholders in 2019, **twelve additional drugs of concern** were added to the panel of monitored drugs in early 2020. The updated Panel of Monitored Drugs is listed in CPSS Regulatory Bylaw 18.1.

The PRP Pharmacist Manager and Analyst continued providing presentations to SIPPA candidates in 2020 and the PRP Pharmacist Manager was invited as a guest lecturer at the University of Saskatchewan.

Students from the College of Medicine and College of Pharmacy and Nutrition completed projects over the summer focused on understanding appropriate and inappropriate opioid prescribing in Saskatchewan and analysis of the PRP Prescriber Snapshot tool. Findings from the projects will be used to inform future work.

Types of Program Correspondence	Count*
Explain (1st contact) - letters sent to physicians to obtain their rationale for prescribing	252 letters sent to 145 physicians
Response/Recommendations – letters sent in reply to a physician's Explain letter response. These most often contain recommendations and helpful resources.	197
Alert – letters sent to physicians to alert them of potential diversion, or other patient concerns – typically does not require a response but does include specific advice and follow-up analysis.	74 Alerts sent to 43 physicians
Multi-Doctor Letters (MDLs) – letters sent to physicians where ≥3 similar prescriptions (generic vs. brand) from ≥3 prescribers at ≥3 locations	107 letters sent regarding 52 patients
Law Enforcement Requests - patient's medication profile provided to law enforcement for an active investigation	156
Educational letters	
<ul style="list-style-type: none"> Pediatric codeine use 	51 letters sent to 48 physicians (Also provided to CDSS & SRNA)
<ul style="list-style-type: none"> Talwin 	13 letters sent to 13 physicians

* It's important to note that the program databases were inaccessible from July 22 – Sept 24, 2020 while eHealth worked to fix data discrepancies. During this time only three Explain letters were sent to physicians.

For our STRATEGIC PLAN work, see **Strategic Plan Goal #4** on p. 10 in the GOVERNANCE section.

Members of Council

Dr. Brian Brownbridge	Saskatoon	Anaesthesia	President
Dr. Grant Stoneham	Saskatoon	Diagnostic Radiology	Vice President
Dr. Alan Beggs	Regina	Orthopedic Surgery	Past President
Dr. N. Prasad Bhathala Venkata	Swift Current	Psychiatry	
Mr. Lionel Chabot	North Battleford	Public Member	
Dr. Mark Chapelski	Lloydminster	Family Medicine	
Dr. James Fritz	Regina	Otolaryngology	
Dr. Aqeel Ghori	Swift Current	General Surgery	
Dr. Pierre Hanekom	Melfort	General Practice	
Mr. William (Bill) Hannah	Kenaston	Public Member	
Dr. Olawale (Franklin) Igbekoyi	Rosetown	Family Medicine	
Ms. Chloe Johnson (August-December)	Saskatoon	Student Observer	
Dr. Yusuf Kasim	Yorkton	Obstetrics/Gynecology	
Dr. Oladapo Mabadeje	Prince Albert	General Surgery	
Dr. Jurgen Maslany	Regina	Anaesthesia	
Dr. Sarah Mueller	Saskatoon	General Surgeon	
Mr. Burton O'Soup	Saskatoon	Public Member	
Mr. Femi Ogunrinde	Regina	Public Member	
Dr. Yagan Pillay	Prince Albert	General Surgery	
Mr. Joel Scott (January-July)	Saskatoon	Student Observer	
Mr. Ken Smith	Saskatoon	Public Member	
Dr. Preston Smith	Saskatoon	College of Medicine Representative	
Dr. Annamarie Snyman	Lloydminster	General Practice	

College Staff

Dr. Karen Shaw	CEO & Registrar
Ms. Sue Waddington	Executive Assistant to the Registrar and Council
Dr. Werner Oberholzer	Deputy Registrar
Mr. Bryan Salte	Senior Legal Counsel
Ms. Beckie Wills	Director, Accounting and Finance
Ms. Sheila Torrance	Legal Counsel
Ms. Rochelle Wempe	Legal Counsel
Ms. Debra-Jane Wright	Director, Registration Services
Mr. Tim Edwards	Manager of IT and Office Administration
Ms. Caro Gareau	Communications Officer

Executive Committee

Dr. Brian Brownbridge	President
Dr. Alan Beggs	Vice President
Dr. Mark Chapelski	Member at large - Physician Member
Mr. Burton O'Soup	Member-at-Large – Non-Physician Member
Mr. Ken Smith	Member at large - Non-Physician Member



Council-Appointed Committees

Advisory Committee on Medical Imaging (ACMI)

Dr. Don McIntosh (Chair)
 Dr. Ian Waddell (Co-Chair)
 Dr. Holly Wells
 Dr. Chong-Ha Lim
 Dr. Greg Kraushaar
 Dr. Dakshina Murthy
 Ms. Maureen Kral
 Ms. Bev Kellington
 Dr. Lara Wesson
 Dr. Abdulaziz Almgrahi (ad hoc member)

AGM Committee

(Dissolved June 2020)
 Dr. Pierre Hanekom (Chair)
 Mr. Bill Hannah
 Dr. Brian Brownbridge
 Dr. Karen Shaw

Committee on Family Practitioner Interpretation of Electrocardiograms

Dr. Roy Chernoff (Chair)
 Dr. Jawed Akhtar
 Dr. Jacobus Stefanus De Villiers
 Dr. Paula Schwann

Compensation and Benefits Committee

Mr. Femi Ogunrinde (Chair)
 Dr. James Fritz
 Dr. Grant Stoneham
 Dr. Alan Beggs

Discipline Committee

Dr. Joan Baldwin (Chair)
 Dr. Lalita Malhotra
 Dr. Stewart McMillan
 Dr. Annette Epp
 Dr. Lorne Rabuka
 Dr. Carol Norman
 Dr. David Johnston
 Dr. Chris Ekong
 Dr. James Stempien
 Dr. Oluremi Adefolarin
 Dr. Louise Coertze
 Dr. Ivelin Radevski
 Dr. Chris Almond
 Dr. Dimitri Louvish
 Dr. Dorie-Anna Dueck
 Dr. Pamela Meiers (January+)
 Ms. Alma Wiebe (lawyer)
 Mr. Dan Shapiro (lawyer)

Mr. Walter Matkowski (lawyer)
 (January - September)

Dr. Mark Fowler
 Mr. Rob Gibbings (lawyer)
 Mr. Bruce Gibson (lawyer)

Expert Advisory Committee on Blood-Borne Communicable Diseases

Dr. Tania Diener
 Dr. Morris Markentin
 Dr. Mina Niazi
 Dr. Stephen Sanche

Finance Committee

Dr. Mark Sheridan (Chair)
 Dr. Pierre Hanekom
 Dr. Suresh Kasset
 Dr. Grant Stoneham
 Dr. Brian Brownbridge
 Mr. Ken Smith
 Mr. Lionel Chabot

Health Facilities Credentialing Committee

Dr. Jeff Blushke (Chair)
 Dr. Gary Morris
 Dr. Syed Asif Ali
 Dr. Alan Beggs

Legislative Review Committee

Dr. Mark Chapelski (Chair)
 Dr. Edward Tsoi
 Dr. Alan Beggs
 Mr. Burton O'Soup

Nominating Committee

Dr. N. Prasad Bhathala Venkata (Chair)
 Dr. Alan Beggs
 Dr. Pierre Hanekom

Practice Enhancement Program

Dr. Brian Laursen (Co-Chair)
 Dr. George Carson (Co-Chair)
 Dr. Karen Holfeld
 Dr. Yellepeddy Nataraj
 Dr. Andries Muller
 Dr. Ivelin Radevski

Quality of Care Advisory Committee

Dr. Johann Kriegler (Chair)

Mr. Don Ebert
 Ms. Tania Horkoff (June-December)
 Dr. Joshka Nel
 Ms. Jill Beatty
 Dr. Jonathan Hey
 Mr. Bradley Senger (January-June)

AD HOC COMMITTEES

DocTalk Publication Advisory Committee

Dr. Brian Brownbridge
 Dr. Werner Oberholzer
 Ms. Caro Gareau
 Ms. Joanna Alexander
 Ms. Leslie Frey (Jan-March)
 Ms. Alyssa Van Der Woude (March-December)

Registration Committee

Dr. Grant Stoneham (Chair)
 Dr. Adegboyega Adewumi
 Dr. N. Prasad Bhathala Venkata
 Dr. Mark Chapelski
 Dr. Anurag Saxena
 Dr. Edward Tsoi

Truth and Reconciliation Committee

Mr. Burton O'Soup (Chair)
 Dr. Preston Smith
 Dr. Karen Shaw
 Mr. Ken Smith
 Ms. Caro Gareau
 Ms. Tania Lafontaine
 Ms. Janna Ethier

COUNCIL REPRESENTATION TO EXTERNAL COMMITTEES

University of Saskatchewan Senate

Mr. Marcel de la Gorgendiere

University of Regina Senate

Mr. Lionel Chabot

Saskatchewan Prevention Institute

Dr. Mahli Brindamour

GOVERNANCE COMMITTEES

Patient Communication Committee

Ms. Sheila Torrance (Chair)
 Dr. Yusuf Kasim
 Dr. Yagan Pillay
 Mr. Lionel Chabot
 Ms. Caro Gareau
 Ms. Debra-Jane Wright (November +)

Physician Communication Committee

Ms. Rochelle Wempe (Chair)
 Dr. Brian Brownbridge
 Dr. Adegboyega Adewumi
 Dr. Mark Chapelski
 Ms. Caro Gareau

Councilor Assessment Committee

Dr. Alan Beggs (Chair)
 Dr. Prasad Bhathala Venkata
 Dr. James Fritz
 Mr. Burton O'Soup
 Dr. Karen Shaw

Developing Expected Competencies for Councilors Committee

Dr. Grant Stoneham (Chair)
 Dr. Olawale Franklin Igbekoyi
 Mr. Bill Hannah
 Dr. Preston Smith
 Dr. Brian Brownbridge
 Dr. Werner Oberholzer

Informatics Committee

Dr. Alan Beggs (Chair)
 Dr. Sarah Mueller
 Dr. Karen Shaw
 Mr. Bryan Salte

Additional Standing Committees of Council Review Committee

(work completed in 2020)
 Mr. Bryan Salte (Chair)
 Dr. Olawale Franklin Igbekoyi
 Dr. Oladapo Mabadeje
 Mr. Ken Smith

Collaborations & Outreach

The Council and the College of Physicians and Surgeons of Saskatchewan collaborate with a multitude of organisations at the National, Provincial and Local levels in exercising the CPSS mandate.

With the year 2020 marking the onset of the COVID-19 pandemic, the collaboration work required was especially considerable. To protect the public and ensure all aspects of care were duly covered and communicated with physicians, other healthcare workers and patients, many procedures, protocols and communication channels needed to be reviewed or developed quickly and efficiently in synergistic collaboration with the Ministry of Health, the Saskatchewan Health Authority, the Saskatchewan Medical Association and many other healthcare organisations province-wide and throughout Canada. We are proud of the College's contribution to this effort and are privileged to have benefitted from our positive relationship and common goals with the groups and individuals involved.

A step forward

While 2020 and pandemic restrictions made outreach somewhat more challenging, Council members and College staff continued to work with Indigenous partners to increase their awareness by welcoming virtual presentations and workshops on the historical implications and consequences of systemic racism and bias and their impact on medicine and healthcare delivery to Indigenous patients in Saskatchewan.

Council also intends to extend its collaborative efforts in 2021 to include initiatives against anti-black racism, as well as external and internal initiatives to encourage collegiality and respect among members, their staff, and patients of all races and cultures.



Report of the Independent Auditors on the Summary Consolidated Financial Statements



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

Opinion

The summary consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan (the Entity), which comprise:

- the summary consolidated statement of financial position as at December 31, 2020
- the summary consolidated statement of revenue and expenses for the year then ended
- the summary consolidated statement of surplus for the year then ended
- the summary consolidated statement of cash flows for the year then ended
- and related note

are derived from the audited consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan as at and for the year ended December 31, 2020 (the “audited financial statements”).

In our opinion, the accompanying summary consolidated financial statements, are consistent in all material respects, with the audited consolidated financial statements, in accordance with the criteria discussed in Note 1 in the summary consolidated financial statements.

Summary Financial Statements

The summary consolidated financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary consolidated financial statements and the auditors’ report thereon, therefore, is not a substitute for reading the Entity’s audited consolidated financial statements and the auditor’s report thereon.

The summary consolidated financial statements and the audited consolidated financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited consolidated financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified opinion on the audited consolidated financial statements in our report dated June 18, 2021.

Management’s Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary consolidated financial statements in accordance with the criteria discussed in Note 1 in the summary consolidated financial statements.

Auditors’ Responsibilities

Our responsibility is to express an opinion on whether the summary consolidated financial statements are consistent in all material respects, with the audited consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards 810 Engagements to Report on Summary Financial Statements.

Chartered Professional Accountants

Saskatoon, Canada
June 18, 2021

Summary Consolidated Statement of Financial Position

December 31, 2020, with comparative information for 2019

	2020	2019
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 3,347,915	\$ 4,115,829
Short-term investments	7,010,202	6,703,038
Marketable securities	1,693,645	1,590,503
Accounts receivable	32,754	117,068
Prepaid expenses and deposits	384,638	200,548
Advances to Saskatchewan Prescription Review Program	127,743	-
Advances to First Nations and Inuit Health Branch Program	1,217	134,436
	<u>12,598,114</u>	<u>12,861,422</u>
Property and equipment	4,847,307	4,782,555
Long-term investments	1,210,799	-
	<u>\$ 18,656,220</u>	<u>\$ 17,643,977</u>
LIABILITIES AND SURPLUS		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 789,372	\$ 614,773
Deferred revenue	5,515,383	5,284,279
Due to Saskatchewan Prescription Review Program	-	74,631
	<u>6,304,755</u>	<u>5,973,683</u>
Employee future benefits	978,720	976,831
Surplus	11,372,745	10,693,463
	<u>\$ 18,656,220</u>	<u>\$ 17,643,977</u>

Summary Consolidated Statement of Revenue and Expenses

Year ended December 31, 2020, with comparative information for 2019	Budget (unaudited)	2020	2019
REVENUE:			
Physician licensure fees	\$ 5,449,940	\$ 5,525,174	\$ 5,336,256
Laboratory Quality Assurance	447,260	421,258	451,540
Professional incorporation fees	336,000	340,000	328,300
Credentials assessment fees	185,000	197,200	165,100
Diagnostic Imaging Quality Assurance	169,555	179,775	167,057
Physician and student registration fees	205,000	178,600	210,000
Opioid Agonist Therapy Program	80,620	153,353	93,830
Discipline recoveries	-	150,228	149,849
Interest and investment income	140,000	143,492	220,732
Non-hospital Treatment Facilities Program	90,000	100,115	51,394
Certificates of professional conduct	95,000	78,900	98,470
Saskatchewan International Physician Practice Assessment (SIPPA) registration funding	75,000	75,000	56,250
Summative assessment administration fees	100,000	69,750	55,500
Mailing list	24,000	21,050	24,250
Sundry	2,000	1,447	1,951
	7,399,375	7,635,342	7,410,479
EXPENSES:			
Administrative	5,453,090	5,184,466	5,297,872
Office	356,100	372,431	370,758
Laboratory Quality Assurance	447,260	348,613	396,604
Committees	341,000	309,797	375,739
Council	247,000	275,770	344,439
Diagnostic Imaging Quality Assurance	169,555	186,112	154,317
Opioid Agonist Therapy Program	80,620	153,353	93,830
Contributions to Practice Enhancement Program	135,000	135,000	105,000
Non-Hospital Treatment Facilities Program	40,000	43,409	56,808
Contributions to Prescription Review Program	55,500	18,000	18,000
External grants	6,500	10,503	9,970
Meetings	127,750	8,955	61,442
	7,459,375	7,046,409	7,284,779
Excess of revenue over expenses before the undernoted	-	588,933	125,700
Fair value adjustment on investments	-	90,349	168,442
Gain on disposal of property and equipment	-	-	885
Excess of revenue over expenses	\$ (60,000)	\$ 679,282	\$ 295,027

Summary Consolidated Statement of Surplus

Year ended December 31, 2020, with comparative information for 2019

	Invested in property and equipment	Unrestricted	2020	2019
Balance, beginning of year	\$ 4,782,555	\$ 5,910,908	\$ 10,693,463	\$ 10,398,436
Excess (deficiency) of revenue over expenses	(359,032)	1,038,314	679,282	295,027
Purchase of property and equipment	423,784	(423,784)	-	-
Balance, end of year	\$ 4,847,307	\$ 6,525,438	\$ 11,372,745	\$ 10,693,463

Summary Consolidated Statement of Cash Flows

Year ended December 31, 2020, with comparative information for 2019

	2020	2019
Cash flows from (used in):		
Operations:		
Excess of revenue over expenses	\$ 679,282	\$ 295,027
Items not involving cash:		
Amortization	359,032	269,548
Fair value adjustments on investments	(90,349)	(168,442)
Employee future benefits	1,889	1,111
Reinvested investment income on marketable securities	(12,793)	(70,877)
	937,061	326,367
Change in non-cash operating working capital:		
Accounts receivable	84,314	364,475
Prepaid expenses and deposits	(184,090)	(71,723)
Advances to Saskatchewan Prescription Review Program	(202,374)	29,091
Advances to First Nations and Inuit Health Branch Program	133,219	(7,152)
Accounts payable and accrued liabilities	174,599	79,553
Deferred revenue	231,104	380,012
	1,173,833	1,100,623
Investing:		
Purchase of property and equipment	(423,784)	(176,066)
Increase in investments	(1,517,963)	(1,510,081)
	(1,941,747)	(1,686,147)
Decrease in cash and cash equivalents	(767,914)	(585,524)
Cash and cash equivalents, beginning of year	4,115,829	\$ 4,701,353
Cash and cash equivalents, end of year	\$ 3,347,915	\$ 4,115,829

Notes to Summary Consolidated Financial Statements

Year ended December 31, 2020

1. Summary Consolidated Financial Statements

The summary consolidated financial statements are derived from the completed audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2020 and December 31, 2019 and for the years then ended.

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

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

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

The complete audited consolidated financial statements may be obtained by calling (306) 244-7355 or by emailing beckie.wills@cps.sk.ca.



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College of Physicians and Surgeons of Saskatchewan

