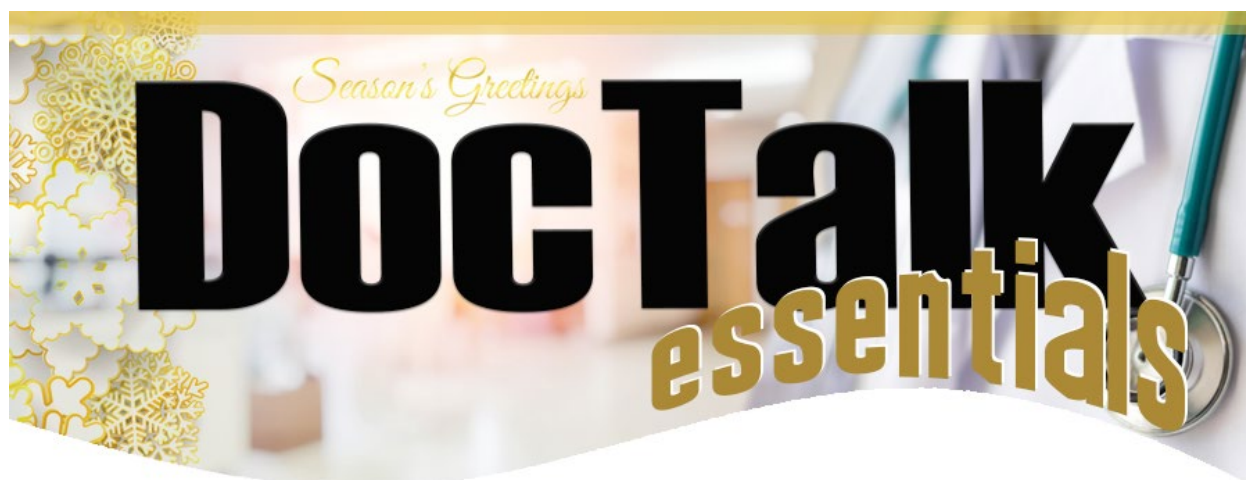




DocTalk 2022 - Volume 9 Issue 4

December 2022

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The Council and the College of Physicians & Surgeons of Saskatchewan respectfully acknowledge that the land on which we live and work is Treaty 6 Territory, the traditional territory & home of the Cree, Dakota, Saulteaux and Métis Nations. We would like to affirm our relationship with one another now and for the future, and our role in guiding the profession to achieve the highest standards of care to benefit all people in this territory equally.

DocTalk Volume 9, Issue 4

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Do you have an idea for the next issue? [Email us!](#)

DocTalk



Message from the Registrar



By: Dr. Karen Shaw, CPSS Registrar & CEO

Physician and System Resilience - May Saskatchewan Continue to be Collaborative in its Responses

Thanks!

As we close out another year, it is time to recognize and thank physicians and our healthcare partners for their hard work and dedication in serving the health needs of Saskatchewan citizens. Thank you for all you have done and continue to do.

We have weathered the pandemic over the past several years and have settled into accepting that Covid has become yet another illness with which we must contend. We hope that common sense will prevail and people will protect themselves and others as best they can, by staying home when ill, continuing to keep good infection control practices, avoiding attendance at large gatherings and considering wearing a mask.

The pandemic has been brutal on many and physicians are no exception. You provided care to those with Covid and you experienced illness yourself, all while re-engineering how you practise. Now, we are challenged with a multitude of other seasonal illnesses, which stresses our capacity. With everything the healthcare system is contending with right now, every step we take to decrease the burden on it is essential.

Physician resiliency

Saskatchewan physicians are known for their resilience. You have demonstrated this through the pandemic. However, we know that one crisis after another, without adequate time to recover, is

very hard on the individuals who work within healthcare. The College of Physicians and Surgeons of Saskatchewan (CPSS) recognizes the multiple stressors that have negatively impacted physicians. It is a challenge to do your best in the current environment and remain resilient. The CPSS believes additional support is necessary to assist in keeping physicians well. To address this, we have funded part of a position at the College of Medicine's Continuing Medical Education (CME) Department's Wellness Program. This will be in addition to the work of Dr. Anita Chakravarti who has been the program lead for some years. We are thrilled to hear that Dr. Alana Holt has been appointed as assistant lead.

Saskatchewan remains collaborative in its efforts to attract and retain physicians.

Canada is short of healthcare workers, including physicians. What is happening across the country is nothing short of a scramble to attract and retain physicians and other workers by a variety of mechanisms (monetary incentives, legislative changes, lowering standards, etc.). There is one worrying trend happening elsewhere, but not here - various governments are bypassing current licensure practices and directing who the regulators must license. Little attention is being paid to the requirements for credentials and English language proficiency. Standards are now being considered as barriers or obstacles to licensure rather than a means to protect the public.

We are thankful for the collaborative approach of our Government and the Saskatchewan Health Authority. We continue to work together to find creative ways to meet our need for physicians. The CPSS remains of the opinion that either obtaining examinations and/or undergoing a work-based assessment is important in maintaining reasonable standards to protect the public. In extraordinary circumstances when this is not achievable, we may need to be even more flexible, and consider restricted roles, or more intensive supervision. You may be asked by your department or division head to assist with some of this work to ensure you get the help you need, while the public remains safe. We have also started some collaborative work with our Ministry of Health to include the addition of physician assistants into the work force. If there is one thing you can count on in Saskatchewan - we pull together and get it done!

Despite the heavy work demands, we hope that each and every one of you will have some time off over the holiday period to relax and destress with family and friends. We look forward to working with you all in the New Year.

Respectfully submitted,

Karen Shaw



Dr. Karen Shaw has served as Registrar and CEO of the College of Physicians and Surgeons of Saskatchewan since 2011.



Council last met on November 25 and 26, 2022. The next Council meeting is scheduled for January 27 and 28, 2023. Agendas and Executive Summaries with information about the content of the open portion of Council meetings are available [here](#) on the College website.

Highlights from the last Council Meeting

- Council approved criteria for a new award. More details on the new award and how to nominate candidates will be provided in the coming year.
- Council members and members of certain committees will be required to complete a designated course on unconscious bias to assist in improving equity in decision-making.
- Council approved a pilot project and amended protocols submitted by the Saskatchewan College of Paramedics.
- Council provided feedback on the drafting of proposed bylaws relating to Physician Assistants.
- Council approved amendments to the [OAT Standards and Guidelines and related policy for Buprenorphine/naloxone prescribing for maintaining physicians for Opioid Use Disorder](#) by making the educational program 'strongly recommended' instead of mandatory.
- Council approved updates to seven policies/standards/guidelines and rescinded one guideline.



2022 Council Election Results

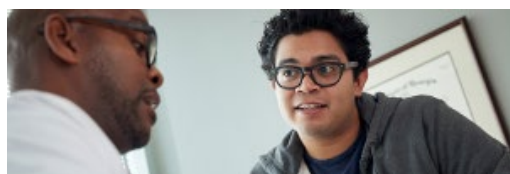
Congratulations to **Dr. Sarah Mueller** on being re-elected by ballot in the Saskatoon Area Election in November 2022 for a second consecutive term as a Physician Member of Council.

Welcome to **Dr. Sivaruban Kanagaratnam**, the newest Councilor to the table, who was elected by acclamation in the South West Area.

Also elected by acclamation for a second term are **Dr. Jorgen Maslany** (Regina Area) and **Dr. Annamarie Snyman** (North West & Athabasca Area).

Congratulations to all!

DocTalk



Consent and Privacy Issues with Mature Minor Patients

By Evan Thompson, Legal Counsel, CPSS

The CPSS recently received a complaint about the disclosure of a teenage patient's personal health information to the patient's parent.

A 15-year-old patient sought treatment at a medical clinic, and the record was forwarded to her family physician. The family physician disclosed health information to the patient's mother. The result was a complaint to the College against the physician who disclosed the information to the parent.

Canadian law recognizes that "mature minor" patients - though under the legal age of majority - have capacity for the purposes of making their own healthcare decisions. The decision of a child who is capable of consenting prevails over a conflicting decision of their parents, and their personal health information cannot be disclosed to a parent without their valid consent or another lawful reason.

The Canadian Medical Protective Association document "[Consent: A guide for Canadian Physicians](#)" describes the "mature minor" or "capable minor" principle:

The legal age of majority has become progressively irrelevant in determining when a young person may consent to his or her medical treatment... the concept of maturity has replaced chronological age. The determinant of capacity in a minor has become the extent to which the young person's physical, mental, and emotional development will allow for a full appreciation of the nature and consequences of the proposed treatment, including the refusal of such treatments.

There is therefore no bright-line distinction between a child - whose medical decisions will be made by a parent or lawful decision-maker - and a mature minor who will make their own decisions. The

capacity to exercise independent judgment for health care decisions varies according to the individual and the complexity of the decision at hand.

Physicians in close-call situations should assess whether their patient has the required maturity to make the healthcare decision at hand, and be cautious and obtain consent from a mature minor patient before disclosing their health information to others.

The CPSS Guideline [Confidentiality of Patient Information](#) and CPSS Policy [Informed Consent and Determining Capacity to Consent](#) provide additional direction and resources for physicians in this area.



Evan Thompson is Legal Counsel at the College of Physicians and Surgeons of Saskatchewan.



Amendments to OATP Standards and Guidelines/Policy re Buprenorphine/naloxone prescribing for MAINTAINING (Non-Initiating) Physicians for Opioid Use Disorder

By Nicole Bootsman, Pharmacist Manager, PRP/OATP Programs

In response to a request for urgent review, Council has amended the educational requirement for buprenorphine/naloxone maintenance prescribing for the treatment of opioid use disorder. The previously required OAT course/workshop is now *strongly recommended* rather than mandatory. All other requirements, including the Registrar's approval to prescribe for buprenorphine/naloxone maintenance, remain in effect. This change was intended to facilitate the involvement of all providers, thereby allowing initiating prescribers to focus their time and attention on the care of new patients and patients who are struggling to reach stability.

Bylaw 19.1 defines a "maintaining physician" as a physician who prescribes methadone or buprenorphine to a patient after the patient has been reasonably stabilized on that treatment by an initiating physician. The amended educational requirement only pertains to the prescribing of buprenorphine/naloxone; the requirements for methadone maintaining physicians are unchanged. Please note that to prescribe buprenorphine extended-release

injection (e.g. Sublocade®), physicians must receive certification through the drug company. The Certification Program is available at www.sublocadecertification.ca.

A reminder that, per bylaw 19.1(e), Registrar approval is not required to prescribe methadone or buprenorphine solely for the purpose of pain control.

Please refer to the [OATP Standards and Guidelines](#) which outline the College expectations for providing OAT for the treatment of opioid use disorder. For further clarification and/or assistance with the approval process, please contact the Opioid Agonist Therapy Program at the CPSS by phone at (306) 244-7355 or via email at oatp@cps.sk.ca.



Nicole Bootsman is the Pharmacist Manager, Prescription Review Program and Opioid Agonist Therapy Program, 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 **no** changes to College regulatory bylaws since the last edition of the Newsletter.



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 **7** policies/guidelines/standards and rescinded one guideline.*

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

UPDATED POLICY – Completion of Third Party Forms and Certification of Work Absence/Accommodation due to Illness or Injury

At its November meeting after considering all feedback provided by stakeholders and the committee's recommended amendments, the Council approved an amended policy. The amended policy is more concise than the previous version, as there is an intention to create a 'Guidance' document to supplement the policy. The Guidance document will include some of the information that has been removed from the previous policy.

In addition to a modified title and reformatting, other amendments to this policy include a specific focus on the following issues:

- a) The requirement for consent specific to the request;
- b) Timing of a response (within 30 days of receiving the request or in compliance with legislated expectations, such as in relation to WCB or SGI requests);
- c) Fees should be communicated in advance, and must be fair and reasonable reflecting the work required;
- d) The expectation that forms/reports should be based on an objective exam and should be formulated within the physician's current skill and knowledge; and
- e) The distinction between discretionary or non-discretionary forms/reports and how this distinction impacts physicians' obligation to provide the report.

The amended policy was assigned a three-year sunset review date.

NEW POLICY (formerly a guideline) – Medical Examinations by Non-Treating Physicians

At its November meeting, Council considered all feedback provided by stakeholders as well as the committee's recommendations. It then approved an amended policy with a sunset review date of three years. This document was previously a guideline, but Council accepted the committee's recommendation that a pared-down version of the document should become a policy (with the consequent expectations of compliance). The policy was reformatted to be more consistent with recent CPSS policy drafting principles. Similar to the 'Completing Medical Forms' policy, the intention is to create a 'Guidance' document to contain additional information that may be of assistance to those physicians providing non-treating medical examinations ("NTME").

The policy focuses on specific issues including:

- a) Expectations of physicians prior to accepting a request to conduct an NTME, including addressing any real, perceived or potential conflict of interest;
- b) Expectation that physicians must only accept a request to conduct an NTME if they have an active licence, the matter falls within their scope of practice and area of competency, and they have the requisite knowledge, skill and judgment to perform the NTME;
- c) Expectations prior to the physician performing the NTME, including ensuring the claimant has provided consent, conveying certain information to the claimant, agreeing on the fee structure and payment terms, and notifying the requesting third party if any

of the questions posed fall outside of the physician's scope of practice or area of competency;

- d) Expectations of physicians completing NTMEs, including the obligation to comply with any legal requirements regarding the presence of observers and recordings;
- e) Expectations of physicians in the event of a clinically significant finding during the NTME.

UPDATED STANDARDS AND GUIDELINES – [Opioid Agonist Therapy Standards and Guidelines for the Treatment of Opioid Use Disorder](#)

UPDATED POLICY – [Opioid Agonist Therapy Prescribing](#) (3. *Buprenorphine/naloxone Prescribing for MAINTAINING (Non-Initiating) Physicians for OPIOID USE DISORDER*)

Both the 'standards and guidelines' and the above-noted policy were amended to address an urgent request of Council from initiating OAT prescribers. The amendment, which applies only to Buprenorphine/naloxone maintaining (non-initiating) prescribers for opioid use disorder in patients who are stable, removes the mandatory requirement for physicians to complete an OAT workshop/course recognized by the CPSS prior to being authorized by the Registrar to prescribe; instead, the workshop/course is now *strongly recommended*. For further details of the amendments and the impetus for this change, please see the article [Amendments to OAT Standards and Guidelines/Policy re Buprenorphine/naloxone prescribing for MAINTAINING \(Non-Initiating\) Physicians for Opioid Use Disorder](#) in this issue.

UPDATED POLICY – [Performing Office-Based Non-Insured Procedures](#)

At its November meeting after considering feedback from stakeholders, Council approved an updated policy "Performing Office-based Non-Insured Procedures." A few of the more substantive amendments are listed below:

- 1) Paragraph 4.1 was added, requiring that a physician be identified as most responsible for care for every non-insured procedure performed in a clinic with which the physician is affiliated. This was felt to be appropriate in the interests of patient safety as it will require oversight by physicians who choose to enter into arrangements with cosmetic clinics, particularly those operated by non-physicians.
- 2) Paragraph 4.2 was amended to recognize that there are situations where another individual is permitted to take on the role of assessing patients, and therefore exceptions to a physician's personal responsibility to assess each patient. These are situations where the care has been delegated pursuant to bylaw 23.3 or 23.4, or where a directive has been provided to a RN pursuant to bylaw 23.5¹.
- 3) Paragraph 4.3 was amended to include the possibility that 'available to attend' may include virtual or in-person care depending on the circumstances.
- 4) Paragraph 5.2 was amended to include the expectation that a physician performing, authorizing or supervising the procedures must be in the clinic for "sufficient time" to ensure their obligations are met. This is a more general obligation of physicians who are

¹ Approved by Council but not yet in force.

affiliated with cosmetic clinics to be physically present in the clinic as required to fulfil their obligations pursuant to this policy and the relevant bylaws.

- 5) Paragraph 5.2 was also amended to tie in bylaws 23.3, 23.4, 23.5² and 23.6³ to remind physicians that they cannot authorize non-physician providers or order/supply bioactive agents for others unless the requirements of the policy and the relevant bylaws are met.

The amended policy was assigned a three-year sunset review date.

UPDATED POLICY – [Performing Office-based Insured Procedures](#)

At its November meeting Council considered all feedback provided by stakeholders and then approved an updated policy “Performing Office-based Insured Procedures.” There was minimal substantive change to this policy, including:

- 1) Paragraph 1.5 was added to reference the expectation that physicians practise evidence-informed medicine (to mirror the expectation in the Non-insured procedures policy).
- 2) Section 4 was amended and renamed to limit it to *supervision* of other providers, as opposed to authorisation of other providers (as included in the previous version). There was recognition that there would be very limited circumstances in which a physician could authorize non-physician providers to perform insured procedures. The amendment references the Physician Payment Schedule, as it specifically identifies those circumstances and the expectations on physicians seeking to bill for supervised services.

The amended policy was assigned a three-year sunset review date.

UPDATED POLICY - [Website Terms of Use and Privacy Policy](#)

The policy was approved with no changes and assigned a sunset review date of three years.

² Approved by Council but not yet in force.

³ Approved by Council but not yet in force.



College Disciplinary Actions

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 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 alternative dispute resolution, the information will include a copy of the undertaking signed by the physician or a summary of the terms to be completed.

There were **three (3)** discipline matters completed since the last Newsletter report.

Dr. Ali Mohammed Abdul-Razak Al-Khafaji

Council took action pursuant to section 54.01 of *The Medical Profession Act, 1981* based upon a finding of unprofessional conduct by the Ontario Physicians and Surgeons Discipline Tribunal ("OPSDT") for engaging in a sexual relationship with a patient. The OPSDT revoked Dr. Al-Khafaji's licence, imposed a reprimand, required him to reimburse the College of Physicians and Surgeons of Ontario for funding provided to the complainant for counselling, and required him to pay costs. The CPSS Council considered the appropriate penalty pursuant to section 54.01 of *The Medical Profession Act, 1981* and revoked Dr. Al-Khafaji's licence. He will not be eligible to have his licence restored until he has met conditions and three years have elapsed. In addition, the Council imposed a reprimand and ordered the payment of costs in the amount of \$1,410.00.

Dr. Boniface Lubega

Dr. Lubega admitted a charge of unprofessional conduct for billing Medical Services Branch for surgical assisting work when he had not been asked to perform that work and the work was not medically necessary. The penalty order included a reprimand and a \$5,000 fine, with payment of the fine to be required six months after Dr. Lubega returns to full-time employment.

Dr. Charles Orhadje

Dr. Orhadje admitted a charge of unprofessional conduct for his communication with a patient by texting, failing to document the texting and failing to ensure the patient understood the purpose of the text messages. The penalty order included a written reprimand, completion of a boundaries/professionalism course, completion of a communications course, and payment of costs in the amount of \$10,665.06.



Updated Guidance for Ketamine/Esketamine as treatment for mental health and chronic pain diagnoses in community settings

By Dr. Werner Oberholzer, Deputy Registrar

The College of Physicians and Surgeons of Saskatchewan (CPSS) is updating the guidance to physicians regarding the use of Ketamine for mental health conditions and chronic pain in community settings.

Guidance from the College provides information to express or clarify the College's view on a particular matter. It is intended as guidance for physicians in areas where research and current practice are evolving or changing rapidly, the implementation of processes and procedures may be premature, or it is timely to communicate the College's stance on an issue before a bylaw, policy, or professional guideline is developed. It is available on the College's webpage under [Guidance to the Profession](#).

Content:

1. Overview
2. **Intravenous administration** of Ketamine
3. Parenteral administration of Ketamine and Palliative Care
4. For all other routes of administration of Ketamine, when considering administration in a **community-based setting**
5. For all other routes of administration of Ketamine, when **prescribed for self-administration**
6. College Monitoring
7. Scope of Practice
8. General

1. **Overview:**

For the purpose of this document, a community-based setting refers to a Physician's office or designated clinic that is not affiliated with a hospital, health authority, nor a [Non-Hospital Treatment facility](#). In appropriate circumstances this may also apply to a patient's home when the patient is managed by a palliative care team.

For the purpose of this document, when referring to Ketamine, it will include all salts and/or enantiomers, in all dosage forms, as a single active ingredient or as a combination product.

Important amendments to the previous [guidance document of January 19 2021, and updated December 2021](#):

- The intravenous administration of Ketamine continues to only be permitted in a Non-Hospital Treatment Facility (NHTF), and the College is not considering exemptions at this time.
- Physicians who consider the administration of Ketamine by any other route (Intramuscular/subcutaneous/oral/sublingual/intranasal/transdermal) in a community-based setting should contact the College to be considered for a possible exemption under the College's Regulatory Bylaw 26.1, [Operation of Non-Hospital Treatment Facilities in the Province of Saskatchewan](#).
- Patients registered under the Palliative Care Program, where Ketamine is used as part of a multimodal treatment approach and prescribed by a physician with skill, knowledge, and experience in palliative care, will be exempt from this requirement.
- Ketamine, when prescribed for self-administration by any route (Intramuscular/subcutaneous/oral/sublingual/intranasal), falls under the College's Policy [Complementary and Alternative Therapies](#).

The use of Ketamine for mental health and chronic pain is not yet fully supported by professional consensus or established clinical evidence; however, the College does not explicitly prohibit the off-label uses of medications, including Ketamine, as this may fall under research in approved clinical trials, evolving clinical practice, and complementary and alternative medicine.

Physicians are reminded not to prescribe or practise any therapy that departs from prevailing medical practice unless they are able to demonstrate that the potential benefits of the therapy outweigh the risks. It is unethical to engage in or to aid and abet in treatment which has no acceptable scientific basis, may be dangerous, may deceive the patient by giving false hope, or which may cause the patient to delay in seeking conventional care until their condition becomes irreversible.

Physicians are encouraged to review [The Canadian Network for Mood and Anxiety Treatments \(CANMAT\) Task Force Recommendations for the Use of Racemic Ketamine in Adults with Major Depressive Disorder](#).

2. Intravenous administration of Ketamine:

The College is NOT considering exemptions for the administration of intravenous Ketamine in community settings at this time. Intravenous Ketamine, as off-label use for depression and/or chronic pain management outside of a SHA accredited hospital or emergency room, continues to **only be permitted in accredited non-hospital facilities setting** under the CPSS Regulatory Bylaw 26.1 [Operation of Non-Hospital Treatment Facilities in the Province of Saskatchewan](#)

...

(e) a non-hospital treatment facility is one in which any of the following are performed:

(i) the use of drugs which are intended, or which may induce general anaesthesia or sedation requiring the monitoring of vital signs, including all uses of intravenously administered sedatives or narcotics, except in emergency circumstances.

...

3. Palliative Care:

For patients registered under the Palliative Care Program where Ketamine is used as part of a multimodal and multidisciplinary treatment approach and prescribed by a physician with skill, knowledge, and experience in palliative care, all formulations and routes of administration will be exempt from this requirement.

4. For all other routes of parenteral administration of Ketamine, when considering administration in a community-based setting:

The College's [Regulatory Bylaw 26.1](#) was amended to allow a physician to make an application to the College for an exemption to use agents that can produce sedation without the facility being approved as a non-hospital treatment facility:

...

(viii) Notwithstanding anything contained in this bylaw 26.1, a physician who seeks to provide medical care which involves the use of drugs which are intended or may induce sedation requiring the monitoring of vital signs may apply to the College for an exemption from the requirement that the facility be approved as a nonhospital treatment facility to utilize such drugs.

(ix) The College may grant an exemption under paragraph (viii) subject to any terms and conditions and may require the physician to provide an undertaking to the College related to the request for the exemption.

...

Physicians can contact the [Office of the Registrar](#) to apply for an exemption.

Practitioners in community-based settings must only administer Ketamine in sub-dissociative/sub-anesthetic doses that:

- a. are congruent with clinical guidelines and consensus statements for the specific treatment indication, and
- b. could not be reasonably foreseen to cause a decreased level of consciousness/alertness.

For intranasal administration, physicians are reminded that, pursuant to the Canadian product monograph, [SPRAVATO®](#) is only available through a controlled distribution program called the [Janssen Journey™ Program](#). The goal of the Janssen Journey™ Program is to mitigate the risks of adverse outcomes related to sedation, dissociation, blood pressure changes, and the risk of misuse and abuse.

It is an expectation of the College that physicians not only observe and monitor the patient, but also have the necessary equipment and competence to manage any adverse reactions that may occur.

Beyond simply monitoring patients' vital signs during peak drug effects, patients receiving Ketamine have a high risk of dissociation and sedation post administration that requires monitoring. A more comprehensive document setting out the expectations for physicians and clinics will be provided to physicians who make an exemption application to the College.

Furthermore, the use of Ketamine carries a risk of misuse or diversion, and the College also expects attention to these risks.

5. For all other routes of administration of Ketamine, when prescribed for self-administration:

The College's position is that physicians should NOT prescribe Ketamine by any route (Intramuscular/subcutaneous/oral/sublingual/intranasal/transdermal) for unsupervised self administration by the patient.

The College is aware that topical compounds containing Ketamine are being prescribed for self administration, and caution is advised, as there is no definitive evidence regarding the safety profile of such compounds and abuse, misuse and overdose have been reported.

The exception to this is palliative care, in very select circumstances to patients registered under the Palliative Care Program where Ketamine is used as part of a multimodal and multidisciplinary treatment approach and prescribed by a physician with skill, knowledge, and experience in palliative care.

If prescribing for self administration is considered, the College recommends that the physician contact the College to discuss this on a case-by-case basis.

The College's [Complementary and Alternative Therapies policy](#) will apply to physicians who consider prescribing Ketamine for self-administration by the patient.

6. College Monitoring:

Ketamine falls under the list of monitored drugs of the College's Regulatory bylaw [18.1 The Prescription Review Program](#) and physicians are reminded about the risk for abuse, misuse and diversion.

7. Scope of Practice:

Prescribing:

Ketamine/esketamine prescribing in community settings should be limited to psychiatrists or duly qualified physicians in related fields of practice with appropriate training and experience (for mental health indications), and physicians with training and experience in pain medicine or duly qualified physicians in related fields (for pain indications).

Administration/monitoring:

Ketamine administration and monitoring should be limited to physicians who:

- are trained in the use of Ketamine for sedation and anesthesia (anesthesiologists, emergency department physicians, critical care, GP anesthesia, pain fellowships etc. This will include psychiatrists/or other duly qualified physicians who have the appropriate training, experience, and currency when intranasal ketamine is used for mental health conditions),
- can perform the appropriate monitoring, and
- possess the appropriate training, skills, and currency in the use of this medication and in the appropriate emergency response to any adverse events.

For physicians who consider the prescribing and/or administration of Ketamine outside of what would be considered the usual scope of practice for the physician's discipline, training, and experience, must apply for a [scope-of practice change](#) to comply with the College's [Regulatory Bylaw 4.1](#), Returning to Practice in Saskatchewan after an absence or disability, inactive practise, or change in scope of practice.

8. General:

Physicians are encouraged to contact the [CMPA](#) for advice before proceeding with therapies that are not considered conventional treatment options.

The College of Physicians and Surgeons of Saskatchewan recognizes the College of Physicians and Surgeons of BC (CPSBC) and College of Physicians and Surgeons of Alberta (CPSA), regarding guidelines and standards for the prescribing and administration of Ketamine.

The CPSS acknowledges the use of the communique of the College of Physicians and Surgeons of British Columbia [Interim Guidance Ketamine Administration via Intramuscular, Oral, Sublingual, and](#)

Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting

The CPSA has a clinical toolkit, [Ketamine and Esketamine: Key considerations](#), which may be helpful in decision making.

Should further evidence become available regarding the use of Ketamine, the CPSS may consider revising this guidance.

References:

- CADTH Rapid Response Report: Summary with Critical Appraisal, [Ketamine for Chronic Non-Cancer Pain: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines](#)
- [The Canadian Network for Mood and Anxiety Treatments \(CANMAT\) Task Force Recommendations for the Use of Racemic Ketamine in Adults with Major Depressive Disorder](#)
- The CPSA clinical toolkit, [Ketamine and Esketamine: Key considerations](#),
- College of Physicians and Surgeons of British Columbia [Interim Guidance Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting](#)
- American Society of Regional Anesthesia and Pain Medicine: [Consensus Guidelines on the Use of Intravenous Ketamine Infusions for Chronic Pain](#)
- JAMA: [A Consensus Statement on the Use of Ketamine in the Treatment of Mood Disorders](#)



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.



Application for exemption under Bylaw 26.1 for Ketamine administration

By Dr. Werner Oberholzer, Deputy Registrar

The College's [Regulatory Bylaw 26.1](#) was amended to allow for a physician to make an application for an exemption to use agents that can produce sedation without the facility being approved as a nonhospital treatment facility, by adding the following as paragraphs (e)(viii) and (ix):

...

(viii) Notwithstanding anything contained in this bylaw 26.1, a physician who seeks to provide medical care which involves the use of drugs which are intended or may induce sedation requiring the monitoring of vital signs may apply to the College for an exemption from the requirement that the facility be approved as a nonhospital treatment facility to utilize such drugs.

(ix) The College may grant an exemption under paragraph (viii) subject to any terms and conditions and may require the physician to provide an undertaking to the College related to the request for the exemption.

...

The [full bylaw](#) is available on the College website.

The College will NOT be accepting applications for the administration of intravenous Ketamine in community-based settings at this time. An application to the College for exemption to administer Ketamine by any other route (intramuscular/subcutaneous/oral/sublingual/intranasal), in a community-based setting may be made under this Bylaw amendment.

For the purpose of this document, a community-based setting refers to a Physician's Office or designated clinic that is not affiliated with a hospital, Health Authority, nor a [Non-Hospital Treatment facility](#).

For the purpose of this document, when referring to Ketamine, it will include all salts and/or enantiomers, in all dosage forms, as a single active ingredient or as a combination product.

Expectations:

1. The College's [Complementary and Alternative Therapies policy](#) applies.
2. Physicians who consider the prescribing and/or administration of Ketamine outside of what would be considered the usual scope of practice for the physician's discipline, training, and experience must apply for a [scope-of practice change](#) to comply with the College's [Regulatory Bylaw 4.1](#), Returning to Practice in Saskatchewan after an absence or disability, inactive practise, or change in scope of practice.

3. When used off-label for treatment resistant Major Depressive Disorder (MDD), that:
 - a. Prescribing be limited to or guided by a psychiatrist, or a qualified physician in a related field,
 - b. The [CANMAT recommendations for the Use of Racemic Ketamine in Adults with Treatment-resistant Depression](#) (TRD) be followed,
 - c. For Spravato®, only available currently through the [Janssen Journey](#), that manufacturer specific guidelines must be followed, and
 - d. For intranasal racemic Ketamine, doses must be congruent with clinical guidelines and consensus statements, and administration must meet the same criteria and guidelines as intranasal esketamine.
4. When used off-label for pain management, that:
 - a. Prescribing be limited to physicians with training and experience in pain medicine or duly qualified physicians in related fields.
5. Practitioners in community-based settings must only administer Ketamine in sub-dissociative/sub-anesthetic doses that:
 - a. are congruent with clinical guidelines and consensus statements for the specific treatment indication, and
 - b. could not be reasonably foreseen to cause a decreased level of consciousness/alertness.
6. Ketamine administration and monitoring should be limited to physicians who:
 - are trained in the use of Ketamine for sedation and anesthesia (anesthesiologists, ED physicians, critical care, GP anesthesia, pain fellowships etc),
 - can perform the appropriate monitoring, and
 - possess the appropriate training, skills, and currency in the use of this medication and in the appropriate emergency response to any adverse events.
7. Emergency preparedness:
 - a. Ketamine should only be administered in a setting that has the proper infrastructure, personnel, and equipment to safely use the anesthetic agent and manage any reasonably foreseeable emergency (e.g., emergency cart, qualified staff).
 - b. There should be a second regulated health professional (i.e., nurse, another physician) immediately available to assist in the event of an emergency in addition to the physician performing the procedure.
 - c. The Emergency Cart should be checked every procedural day before the start of the first case of the day to ensure the cart is appropriately stocked, medications are within their labeled expiry date, and the equipment is in proper working order.
 - d. Written policy and procedures for medical emergencies (e.g., cardiac arrest, respiratory emergencies) including patient transfer to a hospital should be in place.
8. Physicians who administer and/or direct the administration of Ketamine in a community-based setting must hold current basic life support certification for health professionals ([BLS provider](#)), and preferably [ACLS](#). Certification should be renewed as required.

The College of Physicians and Surgeons of Saskatchewan recognizes the College of Physicians and Surgeons of BC (CPSBC) and College of Physicians and Surgeons of Alberta (CPSA), regarding guidelines and standards for the prescribing and administration of Ketamine.

The CPSS acknowledges the use of the communique of the College of Physicians and Surgeons of British Columbia [Interim Guidance Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting](#)

The CPSA has a clinical toolkit, [Ketamine and Esketamine: Key considerations](#), which may be helpful in decision making.

Physicians are encouraged to contact the [CMPA](#) for advice before proceeding with therapies that are not considered conventional treatment options.

References:

- CADTH Rapid Response Report: Summary with Critical Appraisal, [Ketamine for Chronic Non-Cancer Pain: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines](#)
- [The Canadian Network for Mood and Anxiety Treatments \(CANMAT\) Task Force Recommendations for the Use of Racemic Ketamine in Adults with Major Depressive Disorder](#)
- The CPSA clinical toolkit, [Ketamine and Esketamine: Key considerations](#),
- College of Physicians and Surgeons of British Columbia [Interim Guidance Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting](#)
- American Society of Regional Anesthesia and Pain Medicine: [Consensus Guidelines on the Use of Intravenous Ketamine Infusions for Chronic Pain](#)
- JAMA: [A Consensus Statement on the Use of Ketamine in the Treatment of Mood Disorders](#)



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Leaving Practice?

Thinking of leaving practice? Retiring? Relocating? Other?

What needs to be considered?

- Timely and appropriate notification – who, when, how?
- Continuity of care for patients
- Medical records – disposition? storage? management? access?

The College's [POLICY: Physicians Leaving Practice](#) sets out the expectations of the CPSS. This was adopted by Council in June of 2022.

Make sure to review - [CPSS Leaving Practice: A guide for Physicians and Surgeons](#).

The CMPA offers some helpful advice: [Closing or leaving a practice](#).

If you have further questions, please contact the CPSS for guidance.



Dr. Carmel Overli-Domes is a Senior Medical Advisor with the College of Physicians and Surgeons of Saskatchewan.

DocTalk



The List of PRP Medications at a Glance

Source: Nicole Bootsman, Pharmacist Manager, Prescription Review Program, CPSS

Physicians should be aware that the Prescription Review Program (PRP) monitors prescribing of a list of “PRP medications” as outlined in CPSS Bylaw 26.1.

Why monitor these medications?

While it is likely intuitive that opioids, benzodiazepines, stimulants and anabolic steroids are monitored medications, you may question some of the others. Here’s why:

- **Baclofen** (skeletal muscle relaxant): Misuse is often because of the drug’s sedating properties. Overdoses tend to be associated with morbidity and mortality.
- **Diphenoxylate** (antidiarrheal): Listed on the federal Controlled Drugs and Substances Act (Schedule I).
- **Gabapentin/pregabalin** (anticonvulsant, analgesic): May cause euphoric highs (especially at high doses) which can potentiate possible misuse. GABA analogs are active at receptor sites associated with drugs of misuse.
- **Lemborexant** (hypnotic): May produce similar responses on positive subjective measures (drug liking, overall drug liking, take drug again, good drug effects) as zolpidem.
- **Ketamine** (general anesthetic): Long-term use can cause dependence and tolerance with psychosis. One dose of ketamine reportedly sells for \$25 in Saskatoon. Listed on the Controlled Drugs and Substances Act (Schedule I).

- **Oxybutynin** (anticholinergic, antispasmodic): With its lipophilic structure, it crosses the blood-brain barrier and can cause desired hallucinogenic and anticholinergic-antimuscarinic effects. It is used to overcome depression, social anxiety and to reduce withdrawal symptoms of other substances. Selling at \$5 per tablet, oxybutynin has become a source of revenue in some cases.
- **Tapentadol** (analgesic): Listed on the federal Controlled Drugs and Substances Act (Schedule I).
- **Tramadol** (analgesic): Listed on the federal Controlled Drugs and Substances Act (Schedule I).
- **Zolpidem** (hypnotic): Similar side-effect profile to benzodiazepines. Recommended for short-term therapy only. Listed on the federal Controlled Drugs and Substances Act (Schedule IV).
- **Zopiclone** (hypnotic): Similar side-effect profile to benzodiazepines, including the possibility of profound sedation and respiratory depression, and while there may be less risk of abuse, the potential for addiction still exists. Recommended for short-term therapy only.

If you have any questions regarding these medications, please contact the Prescription Review Program at prp@cps.sk.ca.

Trestman R, Appelbaum K, Metzner J. *Oxford Textbook of Correctional Psychiatry*. New York, NY: Oxford University Press, 2015.

Schifano F. Misuse and abuse of pregabalin and gabapentin: cause for concern? *CNS Drugs* 2014;28(6):491-496.

Pfizer Canada Inc. Product Monograph: Lyrica®.

Lemborexant (PDayvigo™). [cited 2021 Mar 24]. Eisai R&D Management Co., Ltd. Available from: https://pdf.hres.ca/dpd_pm/00058592.PDF.

Janssen Inc. *RxTx*, 2019.

Kardas O, Burcu K. The oxybutynin abuse in adolescent case. *Sanamed*, 2019; 14(1): 91-94.

Cousins C. Oxybutynin Misuse: Clinical Short Snapper. medSask, 2018. Available from: medsask.usask.ca/documents/mednews-docs/36.6.1%20Oxybutynin%20Misuse_Clinical%20Short%20Snapper.pdf

Wolters Kluwer Clinical Drug Information, Inc., *Lexicomp*, 2019.

Centre for Addiction and Mental Health: Anti-anxiety Medications (Benzodiazepines), 2019 CAMH. <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/anti-anxiety-medications-benzodiazepines>



Interested in Accessing a List of Saskatchewan Opioid Agonist Therapy Physician Providers?

Source: Nicole Bootsman, Pharmacist Manager, Prescription Review Program, CPSS

All Saskatchewan physicians are eligible for a Saskatchewan Health Information Resources Program (**SHIRP**) **account**. Signing up is easy!

[Click here to access SHIRP website](#)

To **create an account**, click on the green “My account” button in the top right corner and choose the “Create new account” option. SHIRP requires basic personal and professional information, including license number with CPSS. You should have your account approved within one business day.

Once your account has been activated, please see the screen shots below to find out how to access the list of OAT prescribers.

Important: This is a list of CPSS-approved OAT providers; it is NOT a list of OAT providers accepting patients. The document may NOT be shared.

STEP 1

UNIVERSITY OF SASKATCHEWAN Saskatchewan Health Information Resources Program

Home Resources Popular Resources Research Help About My account

Welcome to SHIRP

Saskatchewan Health Information Resources Program

We provide Saskatchewan's healthcare professionals with access to electronic journals, databases, clinical tools, and more.

[Browse](#) the collection.
[Request](#) an article.
[Get help](#) with independent research.
[Learn more](#) about SHIRP.

POPULAR RESOURCES

- AccessMedicine
- CINAHL
- Cochrane Library
- CPS
- Dynamid
- Medline
- medSask
- Natural Medicines

See what's new

Sept. 16, 2022

USask librarians have created two instructional videos on navigating Indigenous health resources in the grey literature. Learn more [here](#).

June 22, 2022

Note for pharmacists:

The list of [OAT prescribers](#) can be found under the "Resources" drop down, on the page "Find Drug Information" in the right-side column. It is also available from our full list of resources by choosing "Resources" then "All SHIRP Resources." It is titled OAT Prescriber List.

[Read more](#) [Ask Us](#)

STEP 2

Saskatchewan Health Information Resources Program

Home ▾ Resources ▾ Popular Resources ▾ Research Help ▾ About ▾

My account

SHIRP / SHIRP / Resources / Find Drug Information

Resources: Find Drug Information

- All SHIRP Resources
- Find Apps ¹⁷
- Find Articles
- Find Books
- Find Clinical Tools
- Find Drug Information
- Find Multimedia
- Subscription-Free Resources

Find Drug Information

AHFS Drug Information

About this resource: An evidence-based foundation for safe and effective drug therapy. Part of the STAT!Ref e-book collection.

ASHP Injectable Drug Information

About this resource: A collection of compatibility and stability information on parenteral drug products.

CPS (formerly RxTx)

About this resource: Reference tool created by Canadian Pharmacists Association. Access Canadian drug monographs, therapeutic information, and minor ailments. Includes access to clinical tools like Lexi-Interact and clinical calculators. [Mobile app available.](#)

Helpful Hints

How to find the best possible evidence

Did you know you have access to resources that evaluate and summarize evidence for you?

Learn how to decide which resource is going to give you the highest-quality information to make clinical decisions.

Physicians approved to provide Opioid Agonist Therapy (OAT)

Please note:

This list is not publicly available.

Ask Us

Scroll Down

STEP 3

Saskatchewan Health Information Resources Program

About this resource: Reference tool created by Canadian Pharmacists Association. Access Canadian drug monographs, therapeutic information, and minor ailments. Includes access to clinical tools like Lexi-Interact and clinical calculators. [Mobile app available.](#)

Drugs in Pregnancy and Lactation (2017, 11th ed.)

About this resource: Lists more than 1200 commonly prescribed drugs taken during pregnancy and lactation, with detailed monographs that provides the information you need on known or possible effects on the parent, embryo, fetus, and nursing infant.

LactMed

About this resource: The LactMed database contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate.

medSask

About this resource: medSask supports appropriate prescribing and medication safety in Saskatchewan by providing accurate, evidence-based information on medications and medication therapy to the general public, healthcare providers, and other stakeholders.

Physicians approved to provide Opioid Agonist Therapy (OAT)

Please note:

This list is not publicly available. Do not share this document. It is only to be accessed by licensed healthcare professionals in order to confirm a physician's approval to provide OAT services for opioid use disorder (OUD). [Any physician can provide methadone or buprenorphine for pain \(see page 68\).](#)

This is not a list of physicians accepting new patients. Please do not use this list to inquire whether these physicians are accepting new patients.

- Physicians approved to provide Opioid Agonist Therapy (OAT)

Ask Us

STEP 4

UNIVERSITY OF SASKATCHEWAN | Saskatchewan Health Information Resources Program

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Welcor
Saskatchewan Health Information Resources Program

We provide Saskatchewan health professionals with access to electronic journals, databases, clinical tools, and more.

Find Drug Information (highlighted in red box)

POPULAR RESOURCES

- AccessMedicine
- CINAHL
- Cochrane Library
- CPS
- Dynamed
- Medline
- medSask
- Natural Medicines

See what's new

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[Read more](#) [Ask Us](#)

<https://shirp.usask.ca/resources/drugs>



Screening Mammogram Reports in eHR Viewer

Source: Ada Bunko, Saskatchewan Cancer Agency

Screening Mammogram Reports in eHR Viewer

Medical Imaging Reports for mammograms performed after December 16, 2022 through the Screening Program for Breast Cancer will be available for health care providers in the electronic Health Viewer (eHR Viewer). Patients will be able to access their results through MySaskHealthRecord.

[More information can be found here.](#)





Practice Tools

New Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis and Treatment

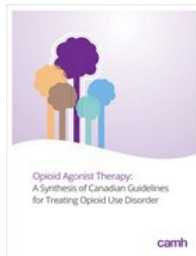
Source: Saskatchewan Prevention Institute

The World Health Organization (WHO) published new [Consolidated guidelines on HIV, viral hepatitis, and STI prevention, diagnosis, treatment, and care for key populations](#) on July 29, 2022. There are 5 key populations identified: 1) men who have sex with men; 2) trans and gender diverse people; 3) sex workers; 4) people who inject drugs; and 5) people in prisons and other closed settings. This document presents and discusses new recommendations as well as consolidates a range of existing recommendations and guidance from current WHO guidelines. A [Policy Brief](#) was also released to summarize the new consolidated guidelines.

[Official news release and additional information](#)

Canadian Opioid Use Disorder Guideline

Source: Nicole Bootsman, OATP Program



The Canadian Opioid Use Disorder Guideline, [Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder](#) is available on the [CPSS website](#). Great collaborative work was done on this project to ensure safe standards of practice across the country! We are especially proud of the support provided by our own CPSS [Opioid Agonist Therapy Program](#) staff.

See the [CAMH website](#) for more details on the project.

LINK Telephone Consultations



Information courtesy of LINK

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care. New specialties included! [FIND OUT MORE](#)

Stay updated on drug news in Saskatchewan and across Canada

Information courtesy of CCENDU



Be sure to like the "CCENDU Saskatchewan" Facebook page.

The [Canadian Community Epidemiology Network on Drug Use](#) (CCENDU), is a nation-wide network of community partners that informs Canadians about emerging drug use trends and associated issues

Health Accompagnateur Interpretation Services

Information courtesy of RSFS



Saskatchewan primary care providers and patients can call the [Réseau Santé en français de la Saskatchewan Health Accompagnateur Program](#) to obtain assistance for French-speaking patients!

Trained Health Accompagnateurs act as the patient's guide to the health system and as an interpreter during consultations with various health providers: doctors, pharmacists, lab technicians, nurses, therapists, etc.

Infection Prevention and Control - Link Letter



See the latest [IPAC-SPIC Link Newsletter](#) for the latest updates on Infection Prevention.

The MAC for Medication Assessment

Information courtesy of Dr. Katelyn Halpape



The Medication Assessment Centre (MAC) is a pharmacist-led clinic at the University of Saskatchewan that offers general medication assessments and cognitive behavioural therapy for insomnia (CBTi).

The MAC for Chronic Pain

Information courtesy of Dr. Katelyn Halpape



The MAC iOPS (soon to be renamed the USask Chronic Pain Clinic) provides patients the opportunity to receive care from a pharmacist, physical therapist, medical social worker, and physician with expertise in chronic pain in a team-based approach.

[Details](#)

DocTalk



Renewal Status Update – where are we now?

Thank you for completing your **2022 renewals**! The CPSS would like to give a special shout out to those of you who agreed to be early-bird testers, to help us make sure our online systems were in working order for the October launch windows. This year, we had:

- **81%** of physicians submit their Licence renewal form by the **November 1 deadline**.
- **78.6%** of physicians submit their corporate permit renewal form by the **November 15 deadline**.

Thus far, over 320 physicians have taken the time to complete the brief renewal feedback survey. We thank you as this survey provides us with important feedback to drive continued improvements each year.

Based on your feedback to date, we have identified the following opportunities to explore for 2023:

- Add a button within the physician renewal platform to allow revalidation dates to be changed if what is shown is incorrect.
- Improve clarity on which option to select if a physician does not fit cleanly into the specialist or family physician revalidation options.
- Add a button to select “Documents previously submitted to CPSS” for certain sections of the form where it makes sense.
- Explore option to email the renewal Confirmation page, rather than have it display on the webpage, which can be difficult to print.

- Continue to improve explanations on some of the more legally-worded questions and provide more examples related to questions including scope, custody and control of records and exposure-prone procedures.

We look forward to continuing to improve the annual licensure experience and strive for it to be an easy and stress-free process to undertake.



Licensure Renewal Myth Busting

What is the distinction between Active and Inactive licensure?

Active status means you will be or plan to be engaged in active medical practice in the province. Inactive status means you do not intend to engage in active practice in the province. If you plan to retire but wish to stay on the CPSS Register, you should select 'Inactive'. You can maintain an inactive licence within the province for \$100 or outside of the province for \$300.

If I don't plan to renew my licence for the coming year, do I still need to complete the online renewal I receive?

Yes, you may wish to click the renewal link you receive by email from the CPSS and select '*I wish to retire at the end of the year and/or wish my registration to lapse*' on the first page and then submit it at no cost, to remain in good standing.

Do I need to submit a credit summary to CPSS every year to confirm my enrollment in a revalidation program for Renewal?

No, we only require that you upload your Completion Certificate at the end of each 5-year renewal cycle. You will be prompted by the renewal system to upload a Completion Certificate, which you can obtain from either the College of Family Physicians of Canada MainPro+ Program or the Royal College of Physicians and Surgeons of Canada Maintenance of Certification Program. If you are not prompted by the system, then you do not need to upload and/or email us anything.

Please note: With the extensions that were provided during Covid, some of the dates in our system may be incorrect. As such, you may have been directed this year to upload a credit summary document so that you could correct your revalidation dates. In future years, we will have an option for you to correct dates. We apologize for any confusion created by this year's revalidation process.

Do I need to email documents related to complaints, investigations, civil claims, judgments, etc. if I've already submitted them the year before and nothing has changed?

No. If you have submitted documents in the previous year and nothing has changed, you do not need to resubmit or re-upload.

If I have had an inquiry or investigation that resulted in a decision that an allegation is not proved, do I still need to declare it?

No. As noted in the explanation of question 2, the CPSS does not inquire about investigations that have resulted in a decision that the allegation was not proved.

If I have or have had a complaint that was managed through Quality of Care Advisory Committee with CPSS or the Alternate Dispute Resolution Process through the SHA, do I need to declare it?

No. As noted in the explanation of question 2, you do not need to report these complaints. However, you are required to report complaints in jurisdictions outside of Saskatchewan, as well as complaints within Saskatchewan if they are addressed by a discipline process within the SHA or the CPSS.

If I have had a criminal investigation that resulted in a decision to withdraw the charge or a decision that I am not guilty, do I need to declare it?

No, but you do need to report any other criminal arrest or charge within the past two calendar years that is not resolved or has resulted in a finding other than acquittal or withdrawal.

Even if I don't perform Exposure Prone Procedures (EPPs), assist in performing EPPs or have the potential of performing EPPs, do I need to monitor my blood borne virus status?

As set out in the policy [Blood-borne Viruses: Screening, Reporting and Monitoring of Physicians/Medical Students](#), the CPSS encourages all physicians/medical students to know their serological status for blood-borne viruses including Hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or Human immunodeficiency virus (HIV). The CPSS also recommends that all physicians/medical students should be immunized for HBV, unless contraindicated or there is evidence of prior immunity. However, if you do not engage in or have the potential to engage in EPPs within your medical practice, you do not need to report a seropositive status to the CPSS.

If I do perform EPPs, assist in performing EPPs, or have the potential of performing or assisting in EPPs, do I need to monitor my blood borne virus status?

Yes. If you perform EPPs, assist in performing EPPs or have the potential to perform or assist in performing EPPs within your practice, then you must be tested for HCV and HIV every three years, and must be tested annually for HBV unless confirmed immune to HBV, as required by the policy.



Congratulations on passing your Exam! Now, what do you do?

If you have recently sat a certifying exam and have received results of your exam, please reach out to the CPSS to let us know. The sooner we are made aware of your exam results, the sooner we can take action on your licensure, if required.

For physicians who are under supervision, please reach out to cpssreg-assess@cps.sk.ca and for those who recently finished programs and are not under supervision, please reach out to cpssreg@cps.sk.ca.



Calling all Residents who are Completing Training in 2023!

If you are a Resident that will be completing your training in 2023, we strongly encourage you to submit your Licensure application early, during the months of January to March 2023. This will help to ensure Registration Services has sufficient time to obtain all the documentation needed to issue licensure, come July. You do not need the results of your specialty exams to apply.

To apply for a licence

- Log into your [Physiciansapply](#) Account.
- Submit an **"Application for Medical Registration"** (AMR) to Saskatchewan.
 - Located on the left-hand side menu of the home screen.
- You do not get the option to choose a licence type on your application form.
- The application fee is **\$500 + \$25 GST**. This is non-refundable and paid directly to Medical Council of Canada (MCC).

Once you have submitted your application, we will confirm with you by email once it is released to us for review. Once we have reviewed your application, we will be in contact with you again via email to request any additional documentation that we will need to determine eligibility for licensure.

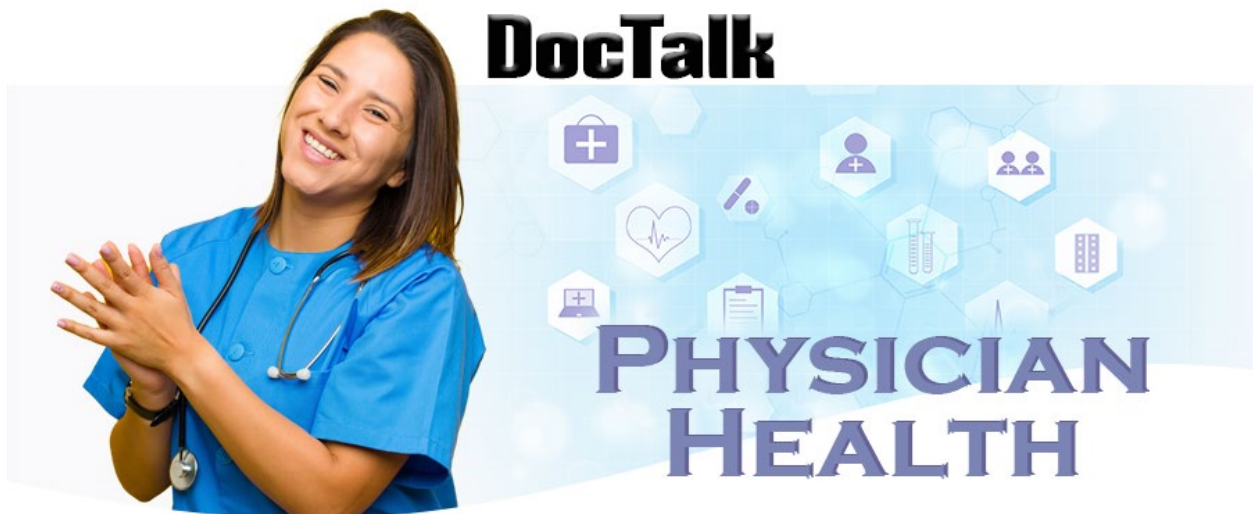
If you have any questions about completing the AMR or about licensure, you can reach out to the Registration Services Department at the CPSS at 306-244-7355 or by email at cpssreg@cps.sk.ca

CONTACT INFO CHECK

Have you moved recently?

Whether it's your personal residence or your clinic practice, please remember to reach out to the CPSS to keep your correspondence and office address contact information up to date. This helps to ensure you do not miss any critical communications sent out by the College and to ensure information remains accurate for patients, partners and funders through the use of the Physician Directory maintained by the CPSS!

[Update contact information](#)



Burnout vs Stress

By Lorraine Scott, Clinical Coordinator, Saskatchewan Medical Association

The busiest and most stressful season is just around the corner, and this time of year can be exceptionally busy for physicians. It is very important that physicians remain aware of what they are feeling and how they are functioning in their personal lives and in their work lives.

The potential for physician burnout at this time of year is “increasing year after year” (Carole Wehbe Chidiac, Dec 10, 2018, Holidays Triggering Physicians Burnout). Maintaining self care and recognizing the earliest symptoms so you can take quick action is the best means for you to remain physically and mentally healthy.

A quick description of the effects of stress can be that it produces a sense of urgency and panic coupled often with loss of energy and fuel. Burnout involves emotional and physical exhaustion, a sense of detachment and feeling that what you do doesn’t make a difference.

Some early signs you might notice are being disinterested in your patients, your work and personal activities, feeling frustrated at times over things that would not have bothered you before, and loss of motivation.

Experiencing any of these symptoms calls for action on your part. But what can you do? Evaluate what is happening for you, look for things that you have changed. Stay in touch with what has been working well for you.

Be sure you are providing yourself with proper self care, healthy diet, hydrating, exercise, rest and fresh air. Prioritize and commit to scheduling personal time for yourself, family, and vacation.

Above all, stay true to your healthy boundaries and know that not everything is your responsibility.

Stress is inevitable. Struggling is optional.

If you are a physician struggling with mental health concerns, please know there is a safe, confidential place for you to contact.

Call the [Physician Health Program](#) at the Saskatchewan Medical Association.



Lorraine Scott

Clinical Coordinator

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Jessica Richardson

Clinical Coordinator (Regina/South)

306-359-2750

jessica.richardson@sma.sk.ca



Brenda Senger

Director

306-657-4553

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51 Recipients Honored with Senior Life Designation Award

During a special, long-awaited awards banquet hosted on November 25, 2022 by the Council of the College of Physicians and Surgeons of Saskatchewan, a total of 51 recipients were honoured with **Senior Life Designation** for the years **2020, 2021 and 2022**. Of these, 19 recipients were able to join Council to receive their award in person.

The award is normally presented annually to physicians who have held a licence to practise medicine in Saskatchewan for a cumulative total of 40 years (including residency and military service) and for their lifelong contribution, as per *The Medical Profession Act*.

Recipients Celebrated on November 25, 2022

2022

Balaton, Joseph; Dahl, Eileen; Elmer, Craig; Endsby, Arnold; Kappel, Joanne; Katz, Ronald; Large, Barbara; Misfeldt, Marlys; Persaud, Mitra Panday; Singh, Madhuri; Tse, Edward T.W.

2021

Alport, Edward; Chernoff, Douglas; Gowda, (Singrini) Kempe S.; Harris, James; Hesselton, Jeffrey; Kapusta, Peter; Khurana, Mahesh; Korley, Ebenezer; Lacny, Andrew; Lamb, Jonathan; Matthews, Jill; Patel, Rajnikant; Rajakumar, Alphonsus; Rosenberg, Alan; Surkan, Donald; Tandon, Ramesh; Wardell, Florence; Yelland, Joel

2020

Abdulla, Ramzan; Ardell, Dale; Bingham, William; Changela, Jayantilal; Caughlin, Marilyn; Dyck, Roland; Etches, Ian; Gelhorn, Donald; Hamilton, Anthony; Haver, William; Jutras, Mick; Karras, Beverley; Lee, Frank; MacDonald, Susan; McIntosh, Donald; Suri, Pravesh; Mettle, Armstrong; Warden, David



Above: Eight physicians from the 2020 group were able to join the ceremony in person to receive their Senior Life Designation award. Back Row, L – R: Dr. Mick Jutras, Dr. David Gelhorn, Dr. David Warden, Dr. Olawale Franklin Igbekoyi (CPSS Council President), Dr. Armstrong Mettle. Front row, L-R: Dr. Marilyn Caughlin, Dr. Susan MacDonald, Dr. Beverley Karras, Dr. Declan Quinn.

Below: Six physicians from the 2021 group were able to join the ceremony in person to receive their Senior Life Designation award. Back Row, L – R: Dr. Jeffrey Hesselson, Dr. Peter Kapusta, Dr. Olawale Franklin Igbekoyi (CPSS Council President), Dr. James Harris. Front row, L-R: Dr. Alphonsus Rajakumar, Dr. Rajnikant Patel, Dr. Florence Wardell.





Above: Five physicians from the 2022 group were able to join the ceremony in person to receive their Senior Life Designation award. Back row: Dr. Olawale Franklin Igbekoyi (CPSS Council President). Front row, L-R: Dr. Joseph Balaton, Dr. Marlys Misfeldt, Dr. Eileen Dahl, Dr. Edward T.W.Tse, Dr. Arnold Endsins.

Meet the 2022 Senior Life Designation Recipients

NOTE: [Full biographies of recipients for the years 2020 and 2021](#) had previously been made available on the CPSS website.



Dr. Joseph Michael Balaton

Dr. Joseph Michael Balaton is originally from Saskatoon and is still living and practicing in Saskatoon. In fact, he was born in the old Saskatoon City Hospital and has been a resident of Saskatoon all his life. He completed medical school in 1981, receiving an MD degree with distinction. He completed an internship at the old Saskatoon City Hospital and a family medicine residency in Saskatoon at the University of Saskatchewan in 1983. Currently he is a senior member and a fellow of the College of Family Physicians of Canada and has been practising in Saskatoon since 1983.

During his second year of Family Medicine, he did a Family Medicine elective with his father and joined him in his practice of family medicine in 1983. Later, his sister and brother also joined him and their father in family practice, for a total of four "Dr. J. Balaton" working together in their clinic for many years.

"This was, I feel, a great accomplishment and was indeed truly a family practice. The same clinic which was started by my father 62 years ago is still functioning under my direction for the last 40 years, and to this day, there are still patients that have been attending from the early 1960's."

Dr. Balaton is proud to have been an aviation medical examiner for the past 30 years or so, and to have been one of only two doctors providing marine medicals in Saskatchewan for the past four years or so.

"I fondly remember the good old days of practicing family medicine in Saskatoon, which I feel is a lot different today. I miss the collegiality of providing patient care at the old Saskatoon City Hospital, working closely with the older specialist doctors there and getting advice on the wards and in the coffee room. As well, I miss collaborating more closely with specialists in my early practice years. I fondly remember working with my father, seeing our patients together on the wards at Saskatoon City Hospital, seeing and treating patients in the ER, and later admitting them to the hospital. I also fondly remember doing a lot of surgical assisting in the 1980's and the early 1990's. I even fondly remember being the roster doctor at the old City Hospital emergency room and remember doing two non-concurrent 24-hour shifts in the ER. In the old days, the ER roster doctors did not have to be in hospital at night. Family practice has certainly changed over the past 40 years and sadly is more office-based now. Nonetheless, I still routinely visit my patients once per week when they are admitted to the hospital to keep informed of their medical illness and the medical care they receive there."

I also feel very fortunate to have been taught by great teachers and medical role models over the years. I remember with fondness all my mentors and specialist colleagues who have passed on. They truly shaped my medical training and knowledge to this day. Most of my energy over the years has been directed to direct patient care for my patients and I am particularly proud of delivering truly family medicine services, looking after whole families for the past 40 years."

Outside of medicine, Dr. Balaton enjoys gardening, fishing, and sailing his MacGregor 26 on Lake Diefenbaker. He has three children, of which one daughter is an anesthesiologist, and one son has a PhD in medical genetics. He is particularly proud of his 5 grandchildren and enjoys spending time with them.



Dr. Eileen Rosalyn Dahl

Originally from a farming background in Grenfell, SK, Dr. Eileen Dahl graduated from the U of S College of Medicine (1981) and completed a rotating internship at St. Paul's Hospital in Saskatoon before her debut in group family practice at Lawson Heights Medical Clinic (1982) and as a clinical lecturer in the Departments of Obstetrics & Gynecology (2000) and of Family Medicine (2010). In 1994, she accepted her first of various leadership roles with the Saskatoon Health Region and later the Saskatchewan Health Authority, where she is currently working as a .4FTE Saskatoon Area Chief of Staff. She continues to work in a group family practice and urgent care clinic at Erindale Health Centre.

Over the years, she furthered her education by completing the Physician Management Institute CMA Levels I – IV (1998) and obtained her Certification (1995) and Fellowship (2006) with the Canadian College of Family Physicians, followed by courses in Physician Leadership and Obstetrical/Labor Risk Management.

Some of her proudest achievements are:

- In her current job as the Area Chief of Staff for Saskatoon for the SHA, she leads a Quality Improvement project to improve communication between acute care and the community by emphasizing the need for completion of the Discharge Summary at the time of Discharge. All Departments continue to participate with a 93% improvement in the completion of timely records between 2019 and 2022.
- In 2000, the Saskatchewan Chapter of the Canadian College of Family Physicians bestowed upon her the award of Saskatchewan Family Physician of the year, an honor of which she remains very proud.
- From 1994-2000, the Saskatoon Health Region selected her to be the Chief of the city-wide Saskatoon Department of Family Medicine in which the Family Medicine Departments of the 3 acute care sites in Saskatoon amalgamated into one city-wide department. This was a monumental task as there was significant controversy at the time, but the sites eventually became a unified department.

"My fondest memories relate to Labor and Delivery. Birth is a miracle, and it is humbling to be part of such a special time when a new baby arrives. It is an honor to celebrate with the parents, grandparents and nursing staff. I have had the privilege to deliver many moms whom I delivered as infants. It is heart-warming to hug the parents and the grandparents as they have been part of my practice for 40 years and we all know each other well. No other career avails a provider to such an intimate family experience and celebration."

She gives accolades to her staff who have had to reschedule and juggle appointments to allow her to attend Labor and Delivery. *"Without caring staff in my practice, such as Liz who answers the phone and Sheila, my long-time medical office assistant, it would not have been possible to enjoy this lengthy and fulfilling career. I have had the good fortune to be surrounded by incredible staff who care about patients and are willing to go the extra mile to help them,"* she says.

At home, her pride and joy is her young grandson whom she is fortunate enough to babysit weekly. *"Watching Rhodes learn new skills and new words is heartwarming. He loves music, enjoys books and has a great sense of humor. After the long haul with Covid, it is wonderful to have my children, Delan, Lauren (DIL) and Brendan together again to share birthdays and holiday celebrations. One of my favorite activities is ballroom dancing with my partner, Doug, as it is a great social activity and keeps one active and creative. Fortunately, it is impossible to multi-task when you are dancing as the dance steps require concentration."*

Dr. Dahl served as a committee member who worked with the Saskatoon City Police and Saskatoon Health Region to establish a sexual assault response team in 1999; as a manager for Saskatoon Minor Hockey Teams; and volunteered at the pre-school and school when her sons were younger.



Dr. Craig Douglas Elmer

Dr. Craig Elmer graduated from the College of Medicine, University of Saskatchewan in 1981, then did a one-year internship at St. Paul's Hospital in Saskatoon. After completing his internship, returned to his native town of Prince Albert where he joined the Prince Albert Medical Clinic.

	<i>"I have spent my entire career in this clinic," he says. "I am grateful for having had very amicable personal and professional relationships with the many physicians who I have worked with in our clinic over the years. Some of my fondest memories are of our Christmas parties where I was forced to eat with my fingers at a medieval feast, and wear tights and reindeer antlers."</i> Contrary to one of his brothers' bet, he is still very happily married to Marilyn, and they are now celebrating their 43rd year together. <i>"Our two wonderful children have blessed us with the most handsome and smartest two grandsons that you can imagine!"</i>, he boasts. Prior to the pandemic, Dr. Elmer and his wife were very fortunate to have done a lot of travelling. They now split their time between their home in Prince Albert and their cabin at Candle Lake.
	<u>Dr. Arnold Endsin</u> To view the physician profile for Dr. Endsin, click here.
	<u>Dr. Joanne Elaine Kappel</u> To view the physician profile for Dr. Kappel, click here.
	<u>Dr. Ronald Katz</u> To view the physician profile for Dr. Katz, click here.
	<u>Dr. Barbara Jean Large</u> To view the physician profile for Dr. Large, click here.
	<u>Dr. Marlys Michelle Misfeldt</u> Dr. Marlys Misfeldt is originally from Melfort, Saskatchewan. She obtained her medical Degree from the University of Saskatchewan, including her Diploma in Sport Medicine, and has been in private community practice in Saskatoon since 1982 as a general practitioner, and specializing in Sport Medicine.

She has been recognized by SaskSport as volunteer of the year, Huskie Athletics as a Friend of the College, Saskatoon High School Athletics, Saskatoon Hilltops and the Knights of Columbus Games, to name a few, in recognition of her almost 40 years of volunteering.

As a family physician, she is proud to have been welcomed into the lives of many patients, with invitations to weddings, christenings of babies she has delivered, and family gatherings.

"There are many experiences as a family doctor that come to mind but one that particularly meant so much to me occurred a few years ago. A pharmacist faxed me to tell me about an encounter he had had with one of my elderly patients.

The patient's medications for his congestive heart failure required refills and the pharmacist suggested he could just fax the request to me. The patient advised that the pharmacist obviously had not met me, and he would schedule an appointment as just seeing me and my smile was worth as much as the medication in his health care."

Dr. Misfeldt remembers in particular one visit where a three-year-old boy came in with his right elbow "dislocated". He held his right arm stiffly at his side with his hand pronated, palm to the floor. She asked him if he could show her his palm, hoping he would try to turn his forearm. She would then assist, and his elbow would relocate. Instead, he looked at her for a moment, turned his back to her, and flexed at the waist, putting his little bum high in the air, with his arm still at his side and his palm directly pointing at her. He then asked her, "Can you see it now?" And of course she could!

It resulted in laughter, but she still had to assist him supinate his wrist facing her to reduce the elbow.

Dr. Misfeldt is proud to have volunteered countless hours on the side lines of sporting events and in meetings, establishing sport medicine as a viable subspeciality within our province, and of having worked on a body image video to establish positive body image that was incorporated into the school curriculum in grades 6-9.

"My husband and I have four children and six grandchildren. Our four children are active volunteers in their communities. I am very proud that they have chosen to volunteer as well."

She enjoys photography, taking photos of the smallest things such as bees, insides of flowers or the snowflakes and frost. She has a black belt in karate and has volunteered as medical judge at provincial, national and international events. She lifts weights four to five times per week. Her walks are her pre-clinic preparation, and she will walk no matter the temperature.



Dr. Mitra Panday Persaud

To view the physician profile for Dr. Persaud, [click here](#).



Dr. Mahduri Singh

Dr. Madhuri Singh graduated from medical school in Delhi, India in 1964. She practiced for five years in Bihar, India before moving to the United Kingdom for work and post graduate training (1969 to 1972) and performed a residency in Obstetrics and Gynecology while there. After a brief posting back in Bihar, she returned to the UK to complete her D.A. (1979) in London and became a Licentiate of the Royal College of Physicians and Surgeons (Glasgow, 1982) while working at Isle of Thanet District Hospital, Hull Royal Infirmary, St. Richard's Hospital, and Princess Alexandra Hospital. Canada beckoned in 1982, and so she relocated her young family to work as a resident in the Department of Obstetrics and Gynecology at the University of Saskatchewan until June 1985. After working as a locum physician at the Cumberland Medical Clinic, she opened a private practice, Taylor Street Medical Clinic, with her late husband, Dr. Gaya Singh, a psychiatrist. They provided family medicine care, including prenatal, labor and delivery, as well as psychiatric care to the underserved population of Saskatoon until his passing, and where she would continue for a total of over 30 years (1989-2019).

In 2009, she opened the GAMA Family Medicine and Minor Emergency Center in honor of her late husband, Dr. Gaya Singh. This was at a time when there was little to no health care in the bedroom community of Warman, Saskatchewan. This provided residents north of Saskatoon the only opportunity for walk-in, minor emergency, x-ray, family physicians, and pharmacy services in the area.

"I had a patient come in for a routine prenatal visit. Upon examination she was 8 cm dilated and in active labor. The patient seemed to be unaware of her situation, and I called 911 immediately. I left the clinic in the ambulance with my patient, and it wasn't until the healthy baby was delivered (which was less than 1 hour later) that I remembered my waiting room full of patients waiting to be seen back at my office. This goes to show how unpredictable labor and delivery can be. I have always had the most supportive and caring patients throughout my career that did understand the emergency I was facing."

She continues on to say, *"I have been so lucky to have had caring staff who have helped me manage my business, along with my patients in my medical practices. I have had some patients for nearly 40 years since I opened my practice in 1989. I had delivered their children, and their grandchildren. Unfortunately, I had to give up delivery before I made it to the great-grandchildren stage."*

Ever since she was a young girl, medicine and health care has been a large part of who she is and how she chooses to spend her time. What little spare time she did have, she spent with her 3 children, late mother, and late husband. *"We would have large family get-togethers with Indian cuisine, dancing, and laughs."*

Dr. Singh enjoys cooking, baking, and sewing.

"I cherish looking back at how many wonderful memories that healthcare has provided to me. I will forever be grateful to all the caring and wonderful people I have met and the knowledge that I have received in the almost 60 years that I have been in medicine. I greatly appreciated the designation you are providing me with as it is very nearing time for me to hang up my

stethoscope and white coat for good, to hand down to the next generation... which some I have come to realize I helped deliver into the world through obstetrical care."



Dr. Edward T. W. Tse

Dr. Edward Tse was born in Hong Kong and grew up in Montreal. After obtaining his Bachelor of Engineering in 1971 from the Massachusetts Institute of Technology, he obtained his MDCM at McGill University in 1976 followed by a urology residency in 1981. Specializing in Urology, he first practiced in his field in Moose Jaw from 1982 to 1986, then moved his practice to Regina in 1987 where he still provides services today. He is also currently a clinical professor with the University of Saskatchewan and currently still lives in Regina. Some of the highlights of his career include performing the first laparoscopic nephrectomy in Canada in 1992, and the first laparoscopic prostatectomy in Canada in 2000.

He recalls one comical operational malfunction: *"While operating one day, my pager went off. I asked the nurse to retrieve my pager which was hanging on my waist under my surgical gown. She found the pager but while removing it, accidentally untied the string of my pants, which then descended to my toes. And I was unable to pull my pants up until the end of the procedure! Lesson to learn to all surgeons: Don't forget your underpants before you put on your surgical attire!"*

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