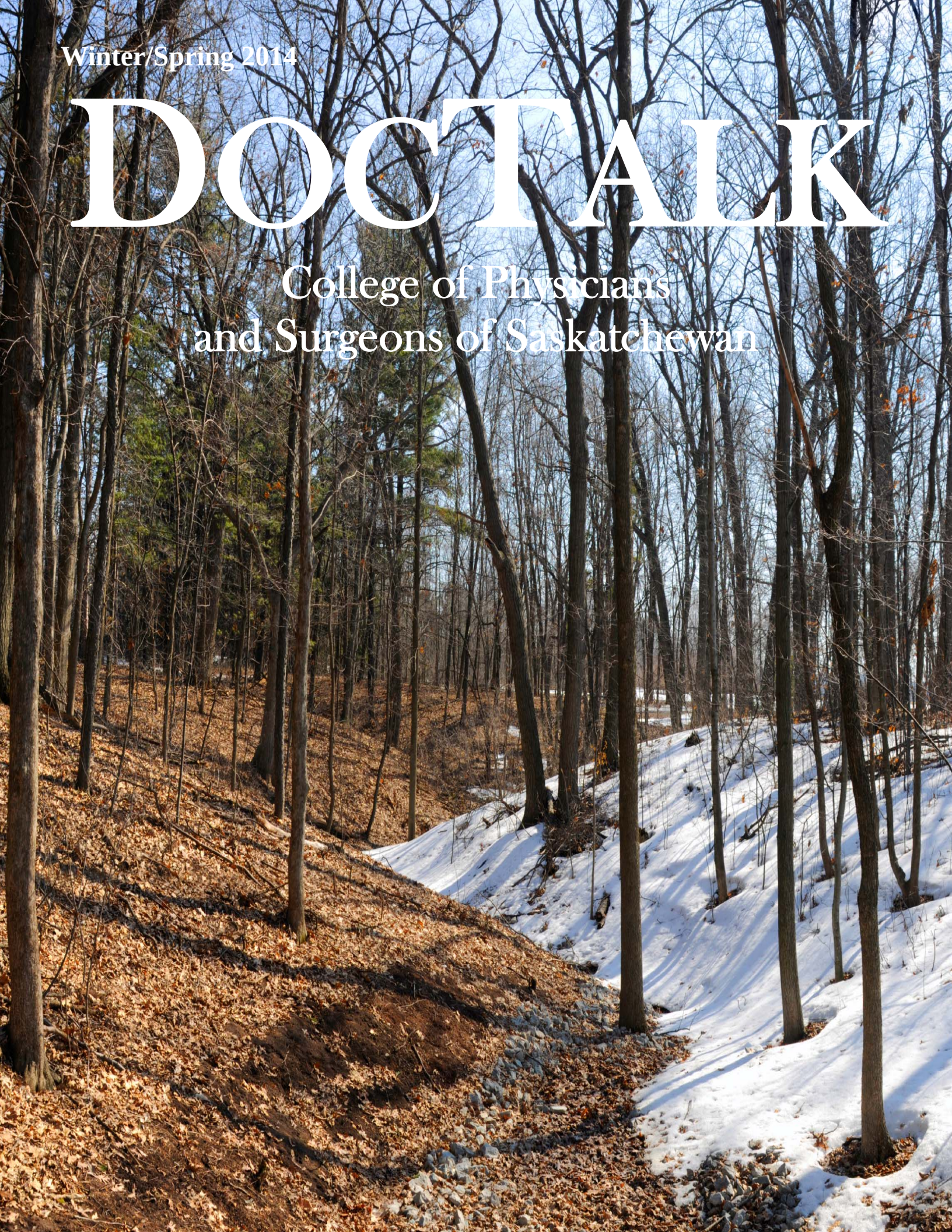
Winter/Spring 2014

DocTalk

College of Physicians and Surgeons of Saskatchewan



IN THIS ISSUE

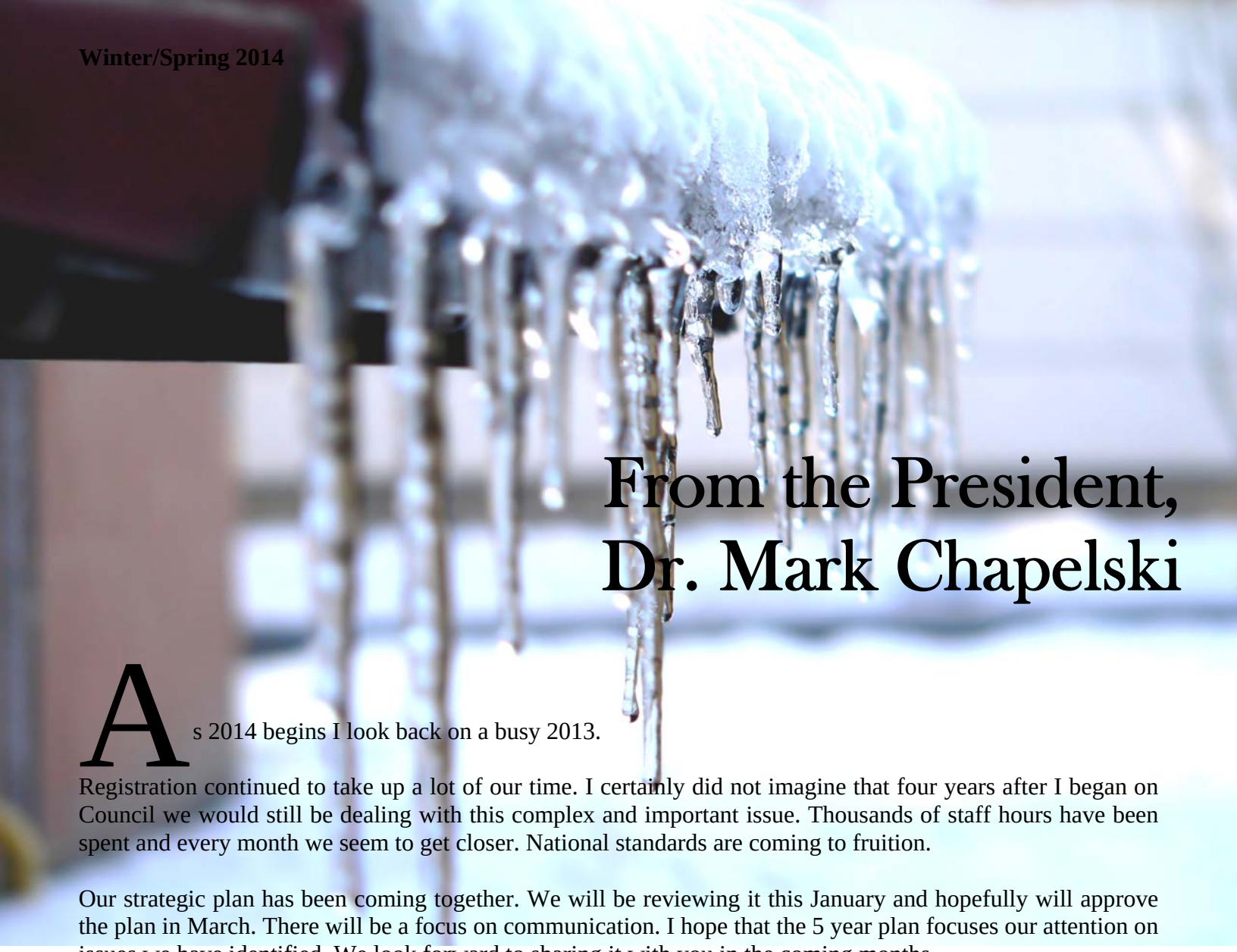
PLEASE NOTE : While the contents of this issue were accurate at the time of publication, the information contained herein may have since been updated and no longer be current. Access to this publication is provided primarily for archival purposes. Please refer to the CPSS website for the most up-to-date information.

Executive Committee

Dr. Mark Chapelski, President
Dr. Pierre Hanekom, Vice President
Dr. Suresh Kassett, Member at large
Mr. Graeme Mitchell, Member at large
Dr. Grant Stoneham, Member at large

Council Members

Ms. Joanna Alexander, Regina – Public Member
Dr. Alan Beggs, Regina – Orthopedic Surgery
Dr. James Carter, Regina – General Surgery
Dr. Mark Chapelski, Lloydminster – Emergency Medicine
Mr. Marcel de la Gorgendiere, QC, Saskatoon – Public Member
Dr. Daniel Glaeske, Assiniboia-Family Medicine
Mr. Drew Hager – Observer SMSS
Ms. Susan Halland, Air Ronge – Public Member
Dr. Pierre Hanekom, Melfort – Family Medicine
Mr. Ron Harder, Moose Jaw – Public Member
Dr. Dan Johnson, Kindersley – Family Medicine
Dr. Suresh Kassett, Herbert – Family Medicine
Dr. Tilak Malhotra, Prince Albert – Pediatrics
Mr. Ken Smith, Saskatoon – Public Member
Dr. Andries Muller, Saskatoon – Family Medicine
Dr. Oluwole Oduntan, Yorkton – Family Medicine
Dr. Olufemi Olatunbosun, Saskatoon - College of Medicine Designate
Dr. Grant Stoneham, Saskatoon – Diagnostic Radiology
Dr. Edward Tsoi, Estevan – Family Medicine



From the President, Dr. Mark Chapelski

As 2014 begins I look back on a busy 2013.

Registration continued to take up a lot of our time. I certainly did not imagine that four years after I began on Council we would still be dealing with this complex and important issue. Thousands of staff hours have been spent and every month we seem to get closer. National standards are coming to fruition.

Our strategic plan has been coming together. We will be reviewing it this January and hopefully will approve the plan in March. There will be a focus on communication. I hope that the 5 year plan focuses our attention on issues we have identified. We look forward to sharing it with you in the coming months.

We were able to catch up on many discipline matters over the year. Extra staff and the combined efforts of our staff have settled many matters. We owe it to the public and physicians to deal with all complaints in a timely manner. I am pleased with the work our staff has done in this area.

We still move forward to join the SMA in the new building in late 2014. There have been issues that arise, but the executives of both organizations have been very willing to listen and understand each others issues. We are very excited to move into the new space with the SMA.

As we begin 2014, we hope the new user friendly website will be online soon. It has been a long and frustrating haul for staff and Council. There have been many disappointments, but we finally seem to be coming to a positive conclusion.

In June we host FMRAC 2014. This is the yearly national convention of the Federation of Medical Regulatory Authorities of Canada. It is an honour to be the host in 2014. I have been fortunate to attend the last two years. They are a fantastic forum to share ideas and plan at a national level.

I look forward to a productive year on Council in 2014.

From the Registrar, Dr. Karen Shaw

The first newsletter of the year provides an opportunity to reflect on the activities of the previous year and to acknowledge some of the anticipated challenges in the New Year. It is also an opportunity to acknowledge the work of your colleagues who assist with College committees and to introduce you to College staff.

In addition to the core work such as standards, licensing, complaints and discipline, the College is involved in a number of other programs and activities:

- The Prescription Review Program (discussed in a latter section of this article);
- The Methadone Program (discussed in a latter section of this article);
- The Laboratory Quality Assurance Program (discussed in a latter section of this article);
- The Diagnostic Quality Assurance Program (discussed in a latter section of this article);
- The College oversees private surgical facilities, inspects and approves those facilities and approves physicians to provide services in those facilities (discussed in a latter section of this article);
- The College is involved in and sends representatives to a number of committees and programs relating to health care in Saskatchewan.

Standards

The College continues to work with its sister organizations such as the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. We rely heavily on these experts and also

on the specialty and subspecialty societies when developing or adopting the standards and guidelines that guide the practice of medicine within the province of Saskatchewan.

Over the past few years the Council of the College has reviewed its policies and guidelines. It continues to refresh and/or develop policies and guidelines in areas as necessary. The most recent policy development is in the area of confidentiality, conflict of interest and sexual boundaries.

In other areas the Council has rescinded policies and or guidelines. Previously Council had policies that were recently reviewed by the Health Facilities Credentialing Committee (HFCC). These included such policies/ guidelines as: *Assessing Skills and Knowledge in Obstetrical Anesthesia/Analgesia, Epidural Anesthesia/ Analgesia, Itinerant Ambulatory (Day) Surgery and Anesthesia in Hospitals with Less than 100 Beds, Anesthesia Privileges for Saskatchewan Hospitals with less than 100 Beds, Post Anesthesia Recovery Room , Assessing Skills and Knowledge in Orthopedics, Recommendations for Non-Resident Physician Privileges, Recommending the Privilege to Carry out Laparoscopic Tubal Ligation*.

The Council accepted a recommendation from the HFCC to rescind these policies as it was thought that these areas of practice are now covered by other agencies' policies and guidelines, i.e. through Regional Health Authority policies. Additional consideration is being given to rescinding an additional two policies: *Exercise Stress Testing and Assessing Skills and Knowledge in Flexible Sigmoidoscopy, Gastroscopy and Colonoscopy* for the same reason, however, Council has requested feedback from the profession with respect to what, if any, standards should be in place should these procedures be offered in private facilities.

An additional area where Council felt the profession needed guidance is in the management of medical marijuana, subsequent to the change in medical marijuana access regulations. Council has developed regulations in this area. This new Bylaw sets out the standards to be followed by physicians who prescribe medical marijuana and was approved by the Minister January 31, 2014.

Licensing

As reported in previous years, licensing and registration of physicians has become a very complex process with the recognition of other countries' post graduate training and a trend towards pre-licensure assessment. There is also a desire to meet a national standard for the licensure.

In Saskatchewan a pre-licensure assessment of family physicians whose training was not received in Canada has become the norm. This pre-licensure assessment is known as the Saskatchewan International Physician Practice Assessment (SIPPA). Many physicians are involved as assessors and in the clinical field assessment portions of SIPPA.

Over the last year the College has been successful in increasing the number and timeliness of the eligibility reviews that lead to a decision as to whether an applicant for SIPPA would be eligible for licensure should they successfully complete the SIPPA process. Previously the College worked hard to get 30 eligibility reviews completed in order to provide final rulings so that each of the iterations could be filled to capacity. Over the last year, registration unit staff have been able to develop a repository of eligible candidates. That repository currently holds 65 potential applicants for the SIPPA process. These individuals have been provided final rulings and if they are accepted into SIPPA and successful, they will be licensed to practise under supervision.

There is a national assessment process being developed to identify internationally trained candidates who are "practice-ready". This initiative is being led by the Medical Council of Canada and the Federation of Medical Regulatory Authorities of Canada. It is called the National Assessment Collaboration on Practice Ready Assessment (NAC PRA). The initial thrust of this work was to develop a standardized framework for practice

ready assessments to insure that there would be some consistency in the elements of the assessment offered across the country. There are seven such programs already operational in the country with an eighth currently being developed in British Columbia. The work has focused on identifying and agreeing to key or essential aspects of the standardized process in order that each of the medical regulatory authorities can rely on the assessment process in other jurisdictions when accepting candidates into their province.

The framework for practice ready assessments for internationally trained family physicians is complete. Work has now started on developing standards for psychiatry and internal medicine, two of the three specialty areas that were identified as areas of need.

All these initiatives have led to changes in the work of the registration services unit of the College. We work closely with our sister medical regulatory authorities across the country to gain efficiencies in these areas of mutual interest.

The College is also involved in developing the common Application for Medical Registration. This project has been led by the Medical Council of Canada. This common application will be housed at the Medical Council of Canada's physiciansapply.ca and will serve as a common application for medical registration. Candidates will be able to apply for registration in any province by completing the common application for medical registration through the physiciansapply.ca portal. Alberta is the first medical regulatory jurisdiction in Canada to integrate physiciansapply.ca into its application process. It is hoped that this new process will allow physicians to apply through a simplified harmonized electronic system to multiple medical authorities. Thirteen provinces' individual processes will be streamlined into one nationally and internationally accessible process that is easy to navigate and has a common interface. Applications to medical regulatory authorities will be prepopulated based on the information contained in the physicians' repository accounts. The program will also allow physicians a repository for authenticated credentials which can be accessed by the provincial College where they seek licensure, thus avoiding the current system where Canadian-trained physicians must demonstrate their credentials each time they seek licensure in another province. Saskatchewan hopes to come online shortly after Quebec.

The work on these national initiatives including the efforts towards achieving a national standard for licensure for both Canadian-trained physicians and those who are internationally trained, standardizing an approach to practice ready assessment of family physicians, psychiatrists and internists and establishing the common Application for Medical Registration is ongoing. Although it is resource intensive for the College, the products out of these initiatives will enable the College to become more effective and efficient in its licensing processes.

On a more provincial focus, legislative amendments to the *Medical Profession Act, 1981* will allow the College to remove the requirements for licensure from the Act and place them into bylaws and authorize the College to establish bylaws permitting physicians to delegate medical acts. These amendments have required an entire re-write of the registration bylaws. During this process the Committee that has developed draft bylaws with a view to aligning licensure requirements with the national standards that are known at this time. This has required a significant amount of work by the Committee that prepared the draft bylaws, the registration staff and the senior staff of the College, in particular Mr. Bryan Salte.

Ms. Barb Porter is the Director of Registration Services. Working with her in this unit are the registration officers; Ms. Carol Bowkowy, Ms. Amanda Nelson and Ms. Karen Mierau, information and certificate officer; Ms. Karen Mazurkewich, registration coordinator; Ms. Lindsay Schultz and administrative assistants; Ms. Jori Smith and Ms. Tracy Herzog.

Complaints and Discipline

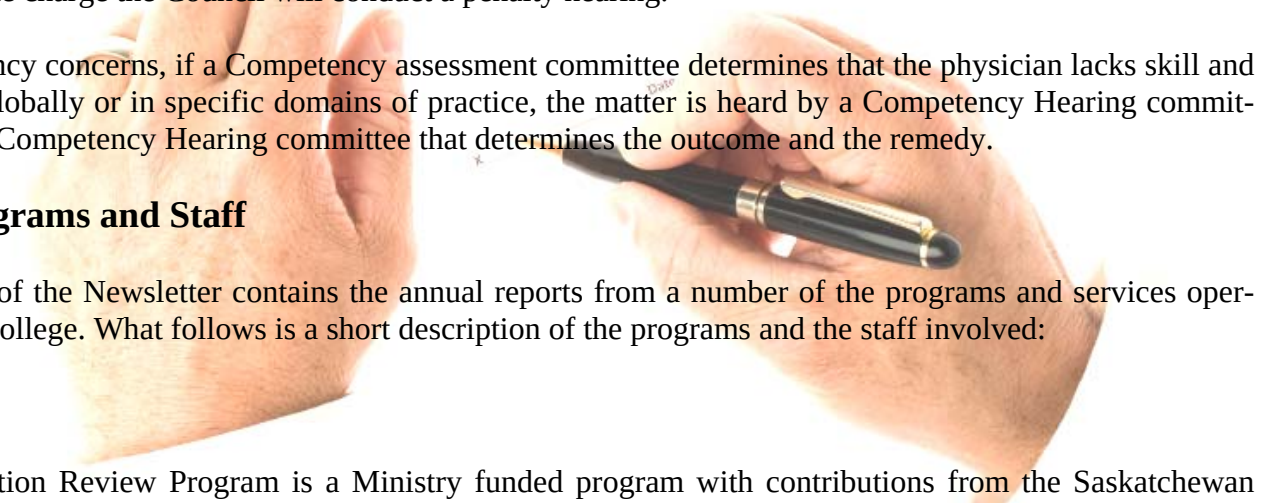
The College of Physicians and Surgeons continues to review complaints in an educational manner if at all possible. Complaints regarding standard of care and conduct issues that do not rise to the level of potential unprofessional conduct are reviewed through the Complaints Resolution Advisory Committee process. This process has been managed for the last two and a half years by Dr. David Poulin.

Ms. Tracy Hastings and Ms. Leslie Frey, regulatory services coordinators, initially receive the complaints. When a matter can be resolved by an exchange of information, these individuals facilitate this. Senior staff and the two regulatory services coordinators attempt to resolve matters informally if possible. All other matters that cannot be resolved informally must be provided in writing to the College. Ms. Melissa Hoffman and Ms. Alyssa Van Der Woude provide support to the senior complaints staff and to the Complaints Resolution Advisory Committee (CRAC). The committee is comprised of three public members and three physician members; Ms. V. La Croix – Chair, Ms. A. Brayshaw, Ms. S. Lougheed, Dr. M. Plewes, Dr. L. Baker and Dr. V. Olsen.

When a complaint rises to the level of potential unprofessional conduct or conduct unbecoming of a physician, the matter is investigated more formally. Information may be gathered by the senior staff or the Associate Registrar, Mr. Bryan Salte. The information is then placed in front of the Executive Committee of Council to decide whether the appointment of a Preliminary Inquiry Committee or a Competency Committee is appropriate. Depending upon the decision reached by the Executive Committee, the matter may be dismissed or may proceed to an investigation through the formal processes.

If a complaint is investigated by a Preliminary Inquiry Committee the Council will consider the committee's report and either dismiss the complaint or charge the physician with unprofessional conduct. If the physician admits the charge the Council will determine penalty. If the physician does not admit the charge the Discipline Hearing Committee will conduct a hearing. If the Discipline Hearing Committee determines that the physician is guilty of the charge the Council will conduct a penalty hearing.

For competency concerns, if a Competency assessment committee determines that the physician lacks skill and knowledge globally or in specific domains of practice, the matter is heard by a Competency Hearing committee. It is the Competency Hearing committee that determines the outcome and the remedy.



Other Programs and Staff

This edition of the Newsletter contains the annual reports from a number of the programs and services operated by the College. What follows is a short description of the programs and the staff involved:

PRP

The Prescription Review Program is a Ministry funded program with contributions from the Saskatchewan College of Pharmacists, the Saskatchewan College of Dental Surgeons and the College of Physicians and Surgeons of Saskatchewan. This program monitors a select panel of medications that have the potential for misuse or diversion. The PRP staff consists of Mr. Doug Spitzig, manager of the program, Ms. Laurie Van Der Woude, coordinator and Ms. Meagan Fraser, administrative assistant.

Methadone

The Methadone Program is funded by the Ministry of Health. This program provides educational opportunities for physicians interested in becoming methadone prescribers and provides support to other agencies including regional health authorities who are interested in the safe delivery of methadone. Dr. Lowell Loewen previously

worked collaboratively with the Prescription Review Program and managed the Methadone Program. Dr. Loewen has since retired. Dr. Morris Markentin has been contracted to perform the services of a Medical Manager for the Methadone Program. At the present time the Opioid Advisory Committee provides some expertise to both the Prescription Review Program and to the Methadone Program. The Methadone Program is currently working on improving the Saskatchewan Methadone Guidelines and continues to work on a paper-based audit that might act as a screen to focus the onsite audits to where they are most needed.

Laboratory QA and Diagnostic Imaging QA Programs

The College continues to manage quality assurance programs on behalf of the Ministry including the Laboratory Quality Assurance Program and the Diagnostic Imaging Quality Assurance Program. As designated in the *Medical Laboratory Licensing Act* and Regulations, the Laboratory Quality Assurance Program is responsible for the requirements and standards of medical laboratories in the province. Two major components of the program are laboratory accreditation and proficiency testing.

The Diagnostic Imaging Quality Assurance Program is under contract from the Ministry of Health to provide a quality assurance program for medical imaging in the province. The Advisory Committee on Medical Imaging (ACMI) of the College of Physicians and Surgeons has been mandated, by its contract with the Ministry of Health, to "develop methods and protocols for the assessment of the quality of medical imaging services provided".

The College staff involved in these programs are: Ms. Tracy Brown, Director of Lab QA and DI QA programs, Ms. Marg Zahorski, EA to the DIQA, Ms. Jackie Ernst, Lab Proficiency Testing consultant, Ms. Kim Skrypnyk, Administrative Assistant.

Private Facilities

Private Facilities which provide MRI or CT services, or provide surgery services that are publicly funded, require a licence from the Health Ministry under *The Health Facilities Licensing Act* in order to operate. Over the last year a number of private facilities have been inspected as part of the requirements to receive a licence. Private facilities that provide only privately funded procedures are regulated by Bylaw 26.1 *Operation of a Non- Hospital Treatment Facilities in the Province of Saskatchewan.* The cycle of inspections is every three years. There have been no new private surgical or new private diagnostic imaging, CT or MRI facilities opened in the last year.

Private diagnostic imaging facilities which do not provide CT or MRI are captured under the College's Bylaw 25.*1 Operation of Diagnostic Imaging Facilities in the Province of Saskatchewan.* The facility must meet the standards set out in the Bylaw but does not have to be inspected.

Dr. Jeff Blushke continues to manage the work related to private facilities. With the exception of an inspection report to be received shortly, all private facilities will have undergone an inspection at least once as of January 2014. We appreciate Dr. Blushke's hard work in working down the backlog and his success in identifying and working with local physicians who are interested in assisting with inspection work.

Ongoing National Work

Change appears to be constant and ubiquitous. The College has been busy working towards achieving a national standard for licensure for both Canadian trained and internationally trained physicians. We hope that the standard for family physicians seeking a provisional licence will be completed this year and that the work will continue with more focus being placed on the requirements for internationally trained specialist physicians.

We hope that through the continued partnerships with the Medical Council of Canada, Federation of Medical Regulatory Authorities of Canada, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada, we will complete the work on the standardized National Assessment Collaboration Practice Ready Assessments for IMG family physicians, psychiatrists and internal medicine specialists. We hope that we will be able to determine how best to sustain these efforts in order to keep this work updated and relevant to our needs.

We look forward to the piloting of the common Application for Medical Registration in late 2014 or early 2015. As this is delivered on an electronic platform it will require us to work with the Medical Council of Canada staff to ensure we have appropriate database and IT requirements.

What's New?

Revalidation

The College continues to work with physicians to meet the requirements for revalidation. Failure to meet revalidation requirements was largely a result of three things:

- physicians failed to enroll in either one of the two certifying bodies' continuous professional development programs, namely MainPro for CFPC and Maintenance of Certification for RCPSC,
- physicians inaccurately attested they were enrolled in a program but were not,
- physicians did not achieve the required credits of the individual programs (failed to report or failed to achieve requisite hours).

Registration services senior staff and the Registrar worked with a number of physicians to assist them to either re-establish enrollment with the appropriate program, and/or set out a learning plan in order for them to be able to achieve the appropriate credits by the end of their cycle.

Council has directed that in future years, if a physician has not appropriately enrolled and/or achieved the appropriate number of requisite credits to fulfill the requirements for revalidation, that physician's licence will not be renewed until the deficiency is addressed. Council is concerned that physicians are not paying sufficient attention to the revalidation requirements. Council wishes to emphasize that a physician's attestation when renewing a licence is a legal mechanism in which the physician affirms the accuracy of the statement. Inaccurate or false attestations are a matter of potential unprofessional conduct.

Physicians must be aware that revalidation is the process by which the College of Physicians and Surgeons confirms the continuation of a doctor's licence to practice in Saskatchewan. Failure to comply with this requirement may result in a member being unable to renew his/her licence. Members are encouraged to review the requirements of Mainpro and/or the Maintence of Certification programs, ensure they are appropriately enrolled in the program and review the bylaw pertaining to revalidation.

Physicians are also encouraged to proceed with caution through the renewal process and ensure the accuracy of their responses prior to completing the attestation.

Health System Transformation/Lean/ Collaborative Projects

Health System Transformation

The health system transformation process throughout the province has involved the College as well as other

stakeholders in a number of initiatives including the Saskatchewan Surgical Care Initiative, the ER Wait Time and Patient Flow Project, and more recently the 3S Health work on the provision of Diagnostic Imaging and Laboratory Services in the province. The College is currently considering whether to become involved in the Physician version of the LEAN leadership.

LEAN

Registration Services underwent a LEAN exercise to review its internal processes. The outcome of that consultation has confirmed that while there are some minor improvements which the College could make to its registration processes to gain efficiencies, there are no changes that the College can make to its internal processes that will result in substantial efficiency improvement. If there is to be a significant improvement in the efficiency and effectiveness of physician registration in Saskatchewan it will require changes within the system. College staff will continue to work with the Ministry of Health, the regional health authorities, Saskdocs, SIPPA and other stakeholders to improve the processes involved for the entire process of physician recruitment, retention and licensure from physician recruitment to licensing to establishing practice in Saskatchewan after assessment.

Collaborative Projects

The College continues to work with its four western sister organizations in collaborating towards a common standard for medical laboratories. This collaborative is called the Western Canada Diagnostic Accreditation Alliance (WCDAA). The College of Physicians and Surgeons of Alberta has generously offered access to their new laboratory standards which are ISO compliant (ISO 15189:2007, ISO 15190:2003, ISO 22870:2006). It is hoped that the collaborative effort between the western provinces will result in a common set of standards for laboratory quality assurance, the development of common assessor training programs and the flexibility to use assessors from any of the four provinces to perform the quality assurance work that is contracted to the medical regulatory authorities. It is also hoped that once the work for laboratory quality assurance is completed that the WCDAA might consider other areas that warrant collaboration such as diagnostic imaging quality assurance programs.

The Advisory Committee on Medical Imaging has discontinued its work to develop a screening tool/program related to peer review audits pending the outcome of the 3S Health review.

Medical Marijuana

The change in medical marijuana access regulations has resulted in the College of Physicians and Surgeons developing a bylaw that will help guide physicians who are considering authorizing patients to obtain medical marijuana. The College's previous newsletter article outlined the changes to the medical marijuana access regulations along with the potential response of the College. In this newsletter you will find an article with respect to the bylaw approved to regulate this practice.

Operations

IT

The College continues to improve and strengthen its IT capacity and has achieved many improvements over the last year. New servers have been installed, increased security measures have been undertaken including a complete duplicate which enables the College to be up and running in a very short timeframe should there be a disaster which impacts its IT system.

Work continues on identifying an appropriate document management system for the College that will hopefully improve its efficiency.

Strategic Plan

The College is completing its strategic plan as you will have noted in the President's Report. Senior staff will implement the strategic plan. The strategic plan was influenced by an environmental scan from outside stakeholders. The areas of focus include:

1. **Optimize Practice Excellence:**
   - Improve assessment of physicians for entry to practice,
   - Enhance competency throughout the career life cycle,
   - Increase compliance of physicians working within their current skills and knowledge,
   - Improve quality of practice standards and guidelines.

2. Enhance Awareness and Trust of the College
   - Improve internal effectiveness and efficiency processes for all the College's operations,
   - Ensure all bylaws are current and relevant,
   - Strengthen customer service,
   - Improve communication with external partners and stakeholders,
   - Enhance branding to foster understanding of the identity and purpose of the College.

3. Optimize operational excellence
   - Improve alignment of staff with College priorities,
   - Enhance personal development, (skill development, performance management),
   - Improve work life harmony for staff,
   - Enhance Council governance effectiveness,
   - Strengthen cost recovery for service provision,
   - Improve operational alignment between cost for external services and resources obtained to deliver,
   - Maximize facility utilization in a least disruptive way.

Closing Comments

Hopefully this has provided an overview of some of the activities that the College has undertaken over the last year, progress to date on ongoing work, and a description of some of the work that we hope to achieve in 2014.

Thank you to all members who contribute to professionally led regulation through service on Council and other college committees such as CRAC, PIC, CC, CHC, DHC or who provide assistance by being assessors, supervisors, provide independent opinions or who serve as College members on other committees; JMPRC, PEP, LABQA committees to name just a few.

I encourage you to read the entirety of the newsletter to appreciate the scope of work done by the College but more importantly to recognize the service of your colleagues who are actively involved in professionally led regulation.

I regret to advise that Dr. David Poulin, the Deputy Registrar of the College, is leaving to return to British Columbia. We wish Dr. Poulin all the best in his new endeavours and thank him for his contributions to the College in the past three years.

Lastly, I would like to announce that Dr. Micheal Howard-Tripp has accepted the position of Deputy Registrar. Dr. Howard-Tripp practiced family medicine in Maidstone and Regina before leaving the province to become involved in medical regulation with the College of Physicians and Surgeons of Alberta. Please join me in welcoming Micheal and his wife Jeanine back to Saskatchewan. Dr. Howard-Tripp will commence his position June 1, 2014.

New Councillor

Council welcomes Mr. Ken Smith, of Saskatoon, who has been appointed by the Lieutenant-Governor–in-Council as a public member to the Council of the College of Physicians and Surgeons of Saskatchewan for a term of three years.

Mr. Smith is Registrar Emeritus from the University of Saskatchewan and previously had been Associate Dean of the College of Commerce. Following retirement, he served as Acting President of St. Thomas More College. He has served on numerous boards and has chaired the Saskatoon Chamber of Commerce and Jubilee Residences Inc. He currently chairs the Governance Committee of the Board of the Remai Art Gallery of Saskatchewan and is Treasurer for the University of Saskatchewan Retirees Association.

We would also like to take this opportunity to extend thanks to Mr. Graeme Mitchell Q.C. who served as a public member for six years, the maximum term permissible under the legislation, until Mr. Smith was appointed to replace him. Mr. Mitchell was a valued contributor to the Council and its activities, including participating on several College Committees and the Executive Committee of the Council.

Signatures Required for Electronically Generated Prescriptions Handed to Patients

By Dr. Karen Shaw

Physicians using digital signatures to create a prescription, who provide the prescription directly to the patient without co-signing in ink, should be aware that this is not a valid prescription. Prescriptions may be generated by the computer and if provided directly to the pharmacy, by way of electronic means, (secure email, fax), there is no need to co-sign. However, if the prescription is generated by the computer with a digital signature of the physician and provided to the patient, it must be co-signed in ink. The College has had reports of patients making duplicates of a prescription with a digital signature and presenting them to multiple pharmacies for dispensing. It is imperative that physicians co-sign computer generated scripts with a digital signature in ink, if they are providing them to the patient and not providing them directly to the pharmacy by secure email or fax.

From the Associate Registrar and Legal Counsel, Bryan Salte

College Annual Legal Report – 2013

This report is intended to provide a summary of those matters which have legal implications for the College that occurred during the year 2013.

The College reports decisions of the Council imposing penalty for unprofessional conduct, or dealing with a physician's right to practise medicine following a finding of lack of skill and knowledge, in the next Newsletter after the Council meeting.

Consequently this report will not refer to such matters.

College policy prohibits release of information about investigations that are underway, unless there is a specific reason to do so. In the absence of a compelling reason to do so, the College will not nominally identify physicians who are currently subject to an investigation. Information about an investigation will generally only become available to the public if charges are laid or if a competency hearing committee is appointed.

I. Disciplinary Actions

When the College receives information that a physician may have acted unprofessionally, it is required to investigate the allegation.

Occasionally the allegations and the information in support of the allegations are sufficiently clear that the complaint can result in a charge of unprofessional conduct without an investigation by a preliminary inquiry committee. Occasionally the nature of the allegation is such that it can be resolved by less formal action, such as by the physician apologizing for the conduct.

Most of the complaints can only be addressed by reviewing all of the available information, including the physician's response, and presenting that information to the Executive Committee (a sub-committee of the Council) for the Executive Committee to decide whether the information provides reasonable grounds to believe that the physician may be guilty of unprofessional conduct. That is the requirement for the appointment of a preliminary inquiry committee set out in **The Medical Profession Act, 1981**.

There is often a considerable amount of information considered by the Executive Committee. Appointing a preliminary inquiry committee is a serious matter as it can affect a physician's reputation. Dismissing a complaint without an investigation by a preliminary inquiry committee is also a serious matter as it means that the complaint will be dismissed without the formal investigation and report to the Council that occurs when a preliminary inquiry committee investigation is ordered.

The summary below addresses the complaints received in 2013.

In the year 2013, there were 19 complaints of unprofessional conduct, 1 complaint of lack of competence and 1 complaint relating to a physician's health status that were received by the College.

For purposes of reporting, I reviewed the nature of the complaints to categorize them. The characterization is somewhat arbitrary as some complaints had more than one aspect.

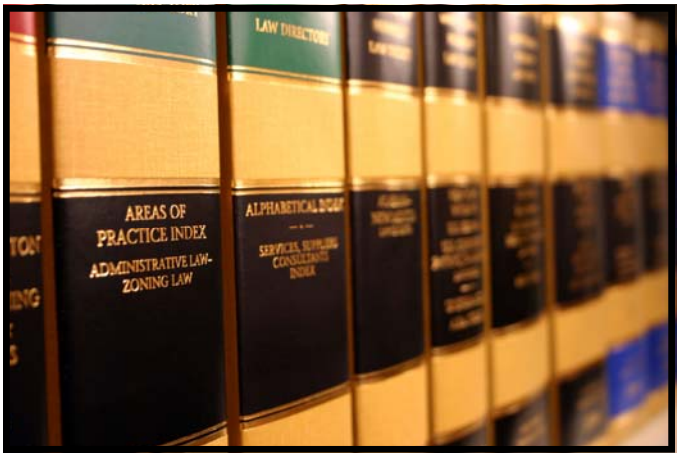
In the year 2013, the College received the following numbers of complaints in the following categories:

Serious Sexual Misconduct	0
Other Sexual Misconduct	2
Breach of Confidentiality	4
False Billing	0
Document Falsification	1
Inadequate Treatment/Failure to Provide Continuity of Care	1
Providing False Information to the College	0
Abusive Behaviour	0
Breach of Undertaking	1
Criminal Conduct	2
Conflict of Interest	1
Other	7
Competency	1
Physician Health	1
Total	21

The 21 complaints were filed against 20 individual physicians. For comparison, the number of complaints received in the past years which were addressed as issues of possible unprofessional conduct or lack of skill and knowledge were: 2012 – 31, 2011 – 24, 2010 – 30, 2009 – 30 and 2008 - 46.

During 2013 there were:

Charges Laid	8
Discipline Hearings	0
Penalty or Similar Hearings	7
Resignations as an Alternative to Discipline	1
Hearings after Finding of Lack of Skill and Knowledge	1
Preliminary Inquiry Committees Appointed	8
Competency Committees Appointed	1



It is very difficult to try to establish trends based upon a relatively small number of serious complaints. However, one issue appears to be the subject of complaints more frequently than has been the case in the past.

The College receives a number of complaints of failing to protect the confidentiality of patient health information. Some less serious complaints are dealt with through the educational process of the Complaints Resolution Advisory committee. Other, more serious, complaints are addressed as issues of possible unprofessional conduct.

Breach of a patient's confidentiality can occur through a deliberate act, or through a physician's failure to take reasonable steps to protect a patient's health information.

Over the past few years the College has been involved in a number of investigations of breach of confidentiality caused by improper destruction of records, improper storage of records, disclosing patient information in casual conversation, failure to take appropriate steps to prevent loss of patient records, improperly accessing a record of a patient to whom the physician is not providing care, etc.

There is an ethical obligation, an obligation under College bylaws and an obligation under Saskatchewan's privacy legislation for physicians to have policies and procedures in place to prevent inadvertent disclosure of patient information.

The College website and the SMA website both have tools to assist physicians to understand their obligations in relation to patient information and patient records.

II. Competency Actions

The College occasionally receives information expressing concern that physicians lack the skill and knowledge to practise medicine.

Such concerns usually are addressed by reviewing all of the available information, including the physician's response, and presenting that information to the Executive Committee (a sub-committee of the Council) for the Executive Committee to decide whether the information provides reasonable grounds to believe that the physician may lack skill and knowledge. That is the requirement for the appointment of a competency committee set

out in **The Medical Profession Act, 1981**. In some cases physicians will voluntarily cease practising in the practise area that is identified as a subject of concern. That can result in the physician obtaining remediation to ensure that their skills and knowledge meet the expected standard.

If the Executive Committee concludes there are reasonable grounds to believe that the physician may lack skill and knowledge, the committee will appoint a competency committee consisting of the physician's peers to conduct an assessment to determine if the physician lacks skill and knowledge. That assessment can occur in the physician's entire practice area, or only in a limited area of concern.

In 2013, the College received information alleging that one physician lacked skill and knowledge in some aspects of the physician's practice. When the College receives a concern that a physician lacks skill and knowledge it can address those concerns in a number of ways. In some situations the College will assist the physician to obtain retraining or deal with the matter in an informal way. In some situations, it is necessary to conduct a formal investigation. There were five formal complaints related to a physician's skill and knowledge resolved in 2013 and one that is outstanding.

III. Court actions by physicians challenging College decisions

Dr. Amjad Ali was found guilty of three charges of unprofessional conduct which resulted from two discipline hearings.

After the first hearing the discipline hearing committee concluded that Dr. Ali's office assistant altered a Medical Services Branch form provided by a physician working in Dr. Ali's clinic and sent the document to MSB. That altered form resulted in Dr. Ali's professional corporation being paid for services rendered by the other physician while working in Dr. Ali's clinic. The discipline hearing committee concluded that this was done at Dr. Ali's direction.

The Committee also found Dr. Ali had knowingly given false information to the preliminary inquiry committee that was investigating the circumstances surrounding the altered document.

After the second hearing the discipline hearing committee concluded that Dr. Ali had altered a patient chart by entering a patient's temperature and by recording racist statements allegedly made by the patient's mother. The discipline hearing committee concluded that the chart alterations were made following a complaint which the patient's mother filed with the College about Dr. Ali's conduct.

Dr. Ali's appeal of those decisions was heard by the Court of Queen's Bench in 2012 with the court's decision delivered in 2013. The court set aside the discipline committee's decision that Dr. Ali had altered a patient chart by entering a patient's temperature. The court reduced the period of suspension from six months to three months. It upheld the remainder of the decisions of the discipline hearing committee and the penalty decision of the Council. The two decisions can be accessed at http://www.canlii.org/en/sk/skqb/doc/2013/2013skqb38/2013skqb38.pdf and http://www.canlii.org/en/sk/skqb/doc/2013/2013skqb37/2013skqb37.pdf.

In 2011, Dr. Carlos Huerto applied to have his licence to practise medicine restored. The Council rejected his application.

In 2012, Dr. Huerto brought an application for *certiorari* to quash the Council's decision. Dr. Huerto then adjourned the application sine die (an indefinite adjournment). The *certiorari* application remains adjourned indefinitely.

IV. Changes to College Bylaws

College bylaws are published on the College's website. Administrative bylaws address matters internal to the College such as constitution of committees, fees charged and election procedures.

Regulatory bylaws address matters such as licensing requirements, what forms of conduct are unprofessional, and standards that physicians must meet while practising in Saskatchewan.

We encourage all physicians to review the regulatory bylaws.

In 2013, the College's regulatory bylaws were amended to:

1. Change the requirements for a physician to attain senior life status. That is an honourary designation available to physicians who have practised on a form of postgraduate licensure for 40 years. Service with the military or postgraduate training after being licensed to practise in Saskatchewan will be accepted towards meeting the 40 year requirement. The amended bylaw is Regulatory Bylaw 2.7;
2. Authorize the College to publicize information about Non-Hospital Treatment facilities. The changes authorize the College to publish information about inspections, approved procedures and limitations or conditions in the College's approval. The amended bylaw is Regulatory Bylaw 26.1(uu);
3. Clarify that it is unprofessional conduct to practise medicine while suspended whether there is, or is not, a charge for doing so. The amended bylaw is Regulatory Bylaw 8.1(2)(xxi);
4. Change the requirements to demonstrate English language proficiency for physicians seeking an educational licence. The amended bylaw is Regulatory Bylaw 2.14(a)(vii);
5. Change the rate which can be charged for in house legal counsel as part of the recoverable costs following a finding of unprofessional conduct or lack of skill and knowledge. The rate has been changed from $200 to $300 per hour. The amended bylaw is Regulatory Bylaw 15.1(i);
6. Establish standards and requirements for physicians who sign authorizations to permit patients to obtain marihuana for medical purposes. The bylaw addresses minimum standards that physicians must meet to provide authorizations (review the patient history, review relevant records and conduct an appropriate physical examination). The bylaw requires the physician to have a written treatment agreement, and requires the physician to be the treating physician for the patient related to the medical condition for which the marihuana is authorized. The bylaw requires the physician to maintain a record which is available for review by the College. The bylaw also addresses potential conflicts of interest related to the marihuana industry. The amended bylaw is Regulatory Bylaw 19.2;
7. Permit physicians who are not specialists but who have extra training in the use of ultrasound to be a medical director or interpret ultrasounds in facilities which perform a limited range of ultrasounds. The amended bylaw is contained in Regulatory Bylaw 25.1(c)(i) and (ii) and 25.1 (d)(i)(3)(6)

V. The Health Information Protection Act

This continues to be an issue of concern to the College. In 2011, The Saskatchewan Privacy Commissioner released a report in which he recommended that there be mandatory education imposed by the College for all physicians in Saskatchewan.

The College instituted a requirement that physicians who have custody or control of patient records have a privacy policy in place that is compliant with **The Health Information Protection Act** (**HIPA**). That is part of the College bylaws and physicians are required to provide information about the privacy policy when renewing their licences.

One of the primary purposes of **HIPA** is to protect the confidentiality of patient information. The College and the SMA together prepared a physician toolkit (available on the College website http://www.quadrant.net/cpss (although the new College website may be launched by the time this edition of the Newsletter is published) and also on the SMA website http://www.sma.sk.ca) to assist physicians to comply with the legislation. The College will continue to work with the SMA to assist physicians to meet the privacy and confidentiality expectations in **HIPA** and the *Code of Ethics*.

VI. Court Actions against the College or College representatives

There are court actions brought against the College many years ago which were never completed by the plaintiffs. There are three currently active court actions related to the College:

1. Dr. Darius Tsatsi has sued the College, the Health Region where he had worked and the then Minister of Health alleging that he had been defamed by comments made about him.

That action is being defended by all defendants, including the College, and remains outstanding.

2. Dr. Carlos Huerto has sued a number of individual defendants associated with the College. There are a number of causes of action asserted, including conspiracy to institute a disciplinary action to remove his licence, conspiracy to institute criminal proceedings against him and breaches of his rights under **The Canadian Charter of Rights and Freedoms**.

That action is being defended by all defendants and remains outstanding. The court heard an application to dismiss the action which is currently outstanding.

3. A complainant to the College has sued the College, the Workers' Compensation Board and about 40 other defendants, including numerous physicians, arising from his unsuccessful claim for workers' compensation.

That action is being defended by all defendants. We expect that applications will be made to the court to dismiss the actions, including the action against the College.

VI. Ending Comments

The legal work required by the College is among the most interesting and demanding forms of legal work that a lawyer can provide. I have the privilege of working with exceptional staff at the College and of interacting with the dedicated and talented members of Council and the many physicians in Saskatchewan who give their time to participate in College activities. I am grateful for that opportunity.

MEDICAL MARIHUANA

By Bryan Salte

The Fall 2013 Newsletter contained an article on medical marihuana. The first part of this article repeats the information from that article. The last part of this article summarizes the requirements imposed in the College bylaw which establishes standards for physicians who authorize the use of marihuana by their patients.

The system for medical marihuana prior to June 19, 2013

On June 19, 2013, the Government of Canada published new regulations which changed how patients are authorized to possess marihuana for medical purposes.

Under the previous system, physicians would complete a document which was provided to Health Canada. Health Canada would then decide whether to grant a patient an exemption to allow the patient to possess or grow marihuana. There were listed conditions for which a family physician could support a patient's use of marihuana. Other medical conditions required a specialist be involved in the decision to support a patient's use of medical marihuana.

The effect of the marihuana access regulations

1) Until March 31, 2014, patients who have been authorized by Health Canada to possess or grow marihuana continue to be able to possess or grow marihuana under the previous regulations.

2) Until March 31, 2014, physicians can complete renewal forms for patients who were previously authorized by Health Canada to possess marihuana for medical purposes. Those authorizations will expire, at the latest, on March 31, 2014. Health Canada will no longer accept renewal forms for patients after March 31, 2014.

3) The only form of authorization physicians can provide for new applicants is a "medical document" provided to the patient which authorizes the patient to obtain marihuana from a licensed producer. After March 31, 2014 the only form of authorization for existing users of medical marihuana will be a "medical document" provided to the patient.

4) The decision whether to provide a "medical document" to the patient is now solely that of the physician. There are no longer any categories of medical conditions for which it can be prescribed, nor any requirement to involve a specialist for any of the medical conditions for which it is prescribed.

5) A patient who receives a "medical document" from a physician will provide that document to a licensed producer of marihuana. The licensed producer will ship the marihuana to the patient's address in accordance with the requirements of the regulations.

6) After March 31, 2014, Health Canada's only role will be to license producers to grow and sell marihuana for medical purposes.

The College's concerns

The College is concerned about potential for abuse under this new system. The system does not permit the College to track the prescribing of marihuana, unlike what is available for drugs of possible abuse under the Prescription Review Program.

The College is concerned that physicians are being placed in a difficult position by being expected to make decisions whether to provide a "medical document" to patients when there is insufficient information available about risks, benefits, dosages, strengths, etc. to allow physicians to practice evidence-based medicine. Marihuana is a substance which is not subject to any of the regulatory controls which are required of all other drugs to become approved for medical use in Canada.

The College is also concerned about potential conflicts of interests for physicians who are involved in authorizing the use of marihuana by patients.

The College's concerns are similar to the concerns which have been expressed by the Canadian Medical Association, the College of Family Physicians of Canada, the Federation of Medical Regulatory Authorities of Canada and other organizations.

The College's bylaw

The College's bylaw which regulates physician authorization of medical marihuana is now in effect. A summary of the bylaw follows:

1. The bylaw begins with a statement that there has not been sufficient scientific or clinical assessment to provide evidence about the safety and efficacy of marihuana for medical purposes. The bylaw begins with an acknowledgement that federal government regulations have authorized the use of marihuana for medical purposes.

2. A physician cannot authorize the use of marihuana for a patient unless the physician is also the treating physician for the condition for which the patient is authorized to use marihuana. For example, if a patient is to be authorized to use medical marihuana to deal with symptoms of MS, the physician must also be the treating physician for the patient's MS.

3. A physician must review the patient's medical history, review relevant records pertaining to the condition for which the use of marihuana is authorized and conduct an appropriate physical examination before authorizing the patient's use of marihuana.

4. The patient must sign a written treatment agreement which contains the following:
   A) A statement from the patient that the patient will not seek a prescription for marihuana from any other physician during the period for which the marihuana is prescribed;
   B) A statement by the patient that the patient will utilize the marihuana as prescribed, and will not use the marihuana in larger amounts or more frequently than is prescribed;
   C) A statement by the patient that the patient will not give or sell the prescribed marihuana to anyone else, including family members;
   D) A statement by the patient that the patient will store the marihuana in a safe place;
   E) A statement by the patient that if the patient breaches the agreement, the physician may refuse to prescribe further marihuana.

5. The physician's record for the patient must include the requirements for all medical records and, in addition, contain the following:
   A) The treatment agreement signed by the patient;
   B) The diagnosis for which the patient was authorized to purchase marihuana;
   C) A statement of what other treatments have been attempted for the condition for which the use of marihuana was prescribed and the effect of such treatments;
   D) A statement of what, if anything, the patient has been advised about the risks of the use of marihuana;
   E) A statement that in the physician's medical opinion the patient is likely to receive therapeutic or palliative benefit from the use of marihuana to treat the patient's condition.

6. The physician must retain a single record, separate from other patient records, which can be inspected by the College, and which contains:
   A) The patient's name, health services number and date of birth;
   B) The quantity and duration for which marihuana was prescribed;
   C) The medical condition for which marihuana was prescribed;
   D) The name of the licensed producer from which the marihuana will be obtained, if known to the physician.

7. Physicians who prescribe marihuana will be required to provide the College with the information referenced in paragraph 6:
   A) Every twelve months if the physician has prescribed marihuana to fewer than 20 patients in the preceding 12 months;
   B) Every six months if the physician has prescribed marihuana to 20 or more patients in the preceding 12 months.

8. The bylaw prohibits physicians from diagnosing or treating patients at the premises of a licensed producer;

9. The bylaw prohibits physicians who prescribe marihuana from having an economic or management interest in a licensed producer;

10. The bylaw prohibits physicians from storing or dispensing marihuana from any location where the physician practices medicine.

The bylaw is numbered Bylaw 19.2 of the regulatory bylaws of the College and is available at the College's website.

Sample treatment agreement to comply with the College Bylaw

I _____ understand that I will be receiving a medical document from Dr. _____ which will authorize me to purchase marihuana for a medical purpose. I agree to the following:

A)I will not seek to obtain a medical document to authorize me to purchase marihuana from any other physician during the period for which the marihuana is authorized;
B)I will utilize the marihuana as authorized in the medical document and I will not use the marihuana in larger amounts or more frequently than is authorized in the document;
C)I will not give or sell the prescribed marihuana to anyone else, including family members;
D)I will store the marihuana in a safe place;
E)I understand that if I break any of these conditions, Dr. _____ may refuse to provide any future medical authorization to purchase marihuana.

_____ _____

Patient's signature Date

From the Deputy Registrar and Complaints Process Manager, Dr. David Poulin

The College of Physicians and Surgeons of Saskatchewan continues its statutory obligation to review complaints registered against physicians. Complaints are accepted when a complainant has concerns about the care provided by a physician and/or the conduct of a physician.

Verbal complaints reported to the College are resolved by administrative staff in an informal manner when appropriate. Written complaints are accepted through the Complaints Resolution Advisory process and typically represent issues surrounding physician communication and attitude or concerns about the standard of care.

In 2013, the College received 2,363 expressions of concern or requests for information, the majority of which were dealt with by administrative staff.

In 2013 the Committee met on seven occasions. The yearly work of the Complaints Resolution Advisory Committee is comprised of cases registered in two calendar years. The Committee completed 51 open cases from 2012 and reviewed a portion of the 171 cases registered in the 2013 calendar year. Of the 171 new cases registered in 2013, 36 cases are being held over to 2014; 12 cases were resolved without Committee assistance, three cases were withdrawn and three cases were referred to the Registrar for consideration of furthest action.

There were 329 individual allegations contained in the 186 closed cases from 2012 (51) and 2013 (135). These are the outcomes of the 329 allegations that were registered:

Winter/Spring 2014

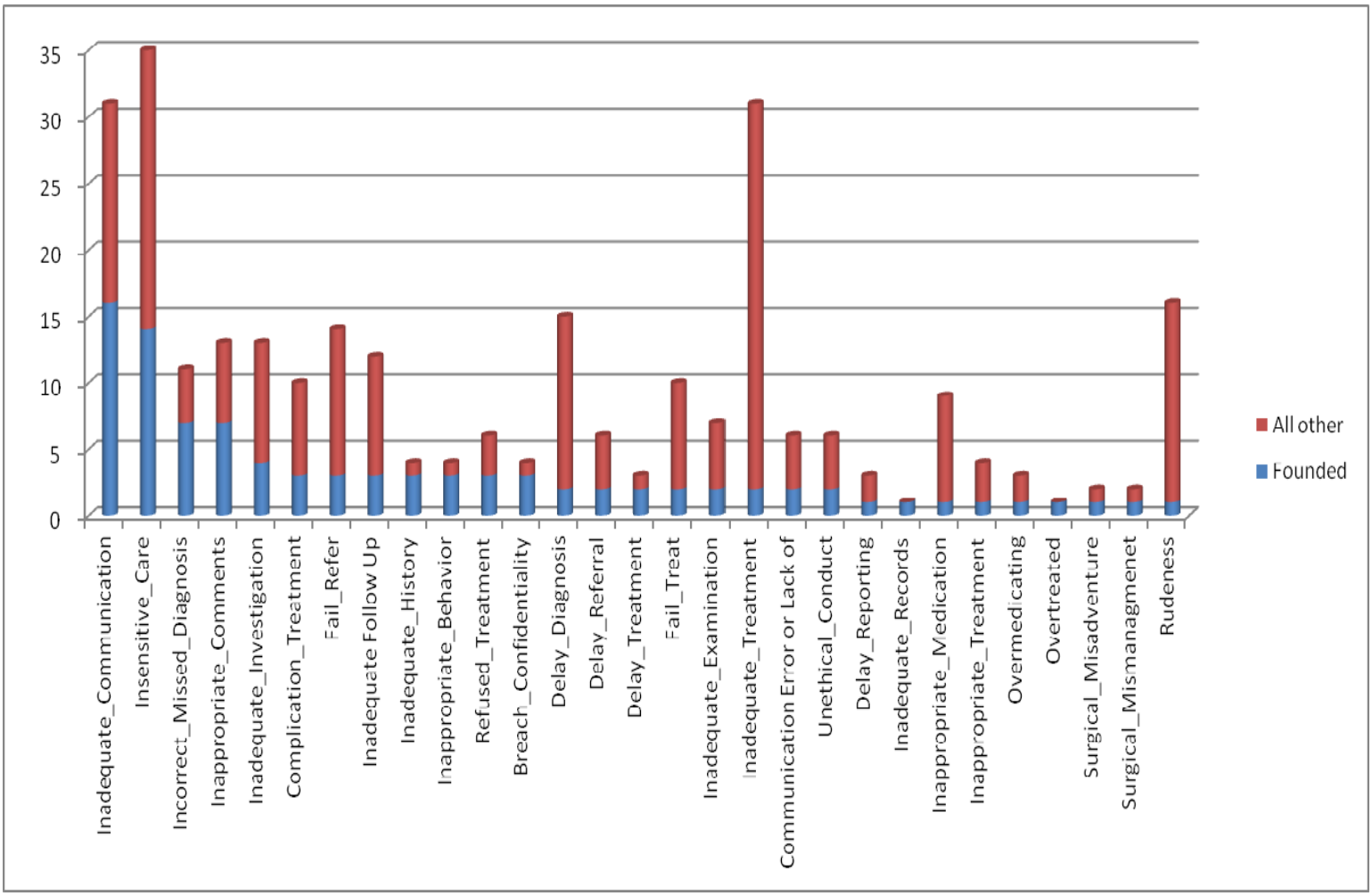
Founded – 94	Unfounded - 158
Partially Founded – 39	No Determination – 22
Patient Responsibility – 6	Resolved Without Committee – 4
System Error – 4	Withdrawn - 2

The following table groups the allegation and determination for the completed cases in 2012 and 2013 into four broad categories.

2013 COMPLETED CASES

Treatment and Management	**61%**	**(200/329)**
Communication	34%	(112/329)
Ethical Concerns	4%	(14/329)
System Issues	1%	(3/329)

The following chart reveals that 11 allegations accounted for 80% of the findings. Inadequate communication, inappropriate comments, insensitive care and incorrect/missed diagnosis had the highest founded determinations. Inadequate communication represented 17%, insensitive care was 14% and inappropriate comments was 7.5% of the total founded determinations.



Complaint Trends

Inadequate Communication

Of the 2012 and 2013 completed files, the most frequent founded allegation was inadequate communication. Sixteen of the 31 inadequate communication allegations were founded. This remains a significant issue for many complainants.

In the eyes of the patient or family, inadequate communication can overshadow or negate the best technical care. It can lead to poor clinical outcomes if patients do not understand their illness or what to expect. Generally patients and families feel more empowered when they are included in the care process as fully informed participants.

> "In many busy clinical practices, lack of time for in-depth conversations with patients is likely to limit opportunities to understand patients in all their complexity. Mutual comprehension takes time and sustained dialogue; this applies to all patient-physician encounters and is not limited to exchanges involving patients and caregivers from different cultural backgrounds."
>
> Turner, L. Is cultural sensitivity sometimes insensitive? Can Fam Physician. 2005 April 10; 51(4) 478-480

Insensitive Care

Of the completed files in 2013, the second most frequent founded allegation was insensitive care. Fourteen of the 35 allegations were founded.

Taking the time for open, respectful and compassionate discussion with patients and families goes a long way in avoiding complaints about insensitive care.

In addition, the growing cultural diversity of Saskatchewan is requiring physicians to develop new and innovative communication methods.

"Cultural competency in medical practice requires that the physician respects and appreciates diversity in society. Clinicians acknowledge differences but do not feel threatened by them . . . Awareness of one's own culture is an important step towards awareness of, and sensitivity to, the culture and ethnicity of other people. Clinicians who are not aware of their own cultural biases may unconsciously impose their cultural values on other people." [1]

"Culturally competent communication leaves our patients feeling that their concerns were understood, a trusting relationship was formed and, above all, that they were treated with respect . . . As physicians, we must make multiple communication adjustments each day when interacting with our patients to provide care that is responsive to the diverse cultural backgrounds of patients in our highly multicultural nation."[2]

---

1. "Part 1 - Theory: Thinking About Health Chapter 3 Cultural Competence and Communication" AFMC Primer on Population Health, The Association of Faculties of Medicine of Canada Public Health Educators' Network, http://phprimer.afmc.ca/Part1-TheoryThinkingAboutHealth/Chapter3CulturalCompetenceAndCommunication/Culturalawarenesssensitivityandsafety (Accessed March 18, 2014). License: Creative Commons BY-NC-SA

2. Caron N. Caring for Aboriginal patients: the culturally competent physician. Royal College Outlook 2006; 3(2):19-23

Inappropriate Comments

Of the completed files in 2013, the third most frequent founded allegation was inappropriate comments. Seven of the 13 allegations were founded.

The use of inappropriate words or actions by a physician is disrespectful and disruptive to the therapeutic relationship. Professional decorum is an essential component of physician skill and performance.

The following are examples of inappropriate words and comments taken from *Physician Behaviour in the Professional Environment*, a policy of the College of Physicians and Surgeons of Ontario:

- Profane, disrespectful, insulting, demeaning or abusive language;
- Shaming others for negative outcomes;
- Demeaning comments or intimidation;
- Inappropriate arguments with patients, family members, staff or other care providers;
- Inappropriate rudeness;
- Gratuitous negative comments about another physician's care (orally or in chart notes);
- Passing severe judgment or censuring colleagues or staff in front of patients, visitors or other staff;
- Insensitive comments about the patient's medical condition, appearance, situation, etc.;
- ♦ Jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance or socioeconomic or educational status.

Summary

Although the Committee continuously strives to complete cases in a timely fashion, there are limiting factors such as the number and timing of Committee meetings and the increasing complexity of the files being reviewed.

The vast majority of physicians subject to a complaint respond promptly. On occasion, a significant delay in the receipt of a physician's response unduly prolongs the process. Physicians are reminded it is a College regulatory bylaw requirement to respond to a request for information from the College within 14 days of the request being received.

Not responding in a timely fashion results in a more lengthy process than necessary. It also places additional stress on all parties including the complainant and medical colleagues who may be involved in the complaint. Complainants are more likely to be dissatisfied with the physician's response if it is significantly delayed or it is perceived to be defensive and evasive.

Physicians are reminded that the Complaints Resolution Advisory process is educational and non-punitive. On rare occasions, matters that fall substantially below the expected standard of care or that are found not to be amenable to an educational approach are escalated to the Registrar and Council for consideration of further action.

Complaints and responses are shared with the parties in an open and transparent fashion. Physicians are advised to respond objectively to the questions posed without attempting to blame, discredit or impugn the complainant. Responses that are prepared with sensitivity, compassion and humility are generally well received by complainants and are often resolved more expeditiously. Physicians are also advised to have their responses reviewed by a trusted advisor before they are submitted to the College.

As Medical Manager of the Complaints Process, I would like to take this opportunity to thank the Complaints Department staff, Melissa Hoffman, Alyssa Van Der Woude, Leslie Frey and Tracy Hastings for their ongoing support of the Committee's work and for their dedication and patience in assisting the public with their questions and concerns.

I would also like to thank the current Committee members for their dedication and hard work. Non-medical public members are Ms. A. Brayshaw of Saskatoon, Ms. V. LaCroix of Saskatoon (chairperson), and Mrs. S. Lougheed of Beechy. Physician members are Dr. L. Baker, family physician in Rosthern; Dr. M. Plewes, family physician in Moosomin; and Dr. V. Olsen, general surgeon in Prince Albert.

Any physician who has an interest in serving on the Complaints Resolution Advisory Committee in the future is asked to submit their expressions of interest to OfficeoftheRegistrar@cps.sk.ca for consideration by the Registrar.

Influenza A(H1N1)

By Public Health Agency of Canada

Since November 2013, the Public Health Agency of Canada has received a number of reports of flu illness among young and middle-aged adults caused by influenza H1N1 which is the dominating strain circulating this flu season. Although the number of flu cases being reported is not unusual, as in other flu seasons, authorities are reporting severe illness resulting in hospitalization, and some deaths due to H1N1.

Access the Notice to Health Care Professionals on the Agency website at www.phac-aspc.gc.ca/influenza/ah1n1-eng.php.

Up-to-date information on flu activity in Canada can be found in the weekly Fly Watch Report at www.phac-aspc.gc.ca/fluwatch/index-eng.php.

Cardiology & ECG Update Conference

May 2-3, 2014

Hotel Saskatchewan—Regina, SK

Description: The target audience includes specialists and family physicians. Pharmacists, nurses and all other health care professionals, including students and residents, are always welcome.

For More Information:

Email: brad.mcneice@rqhealth.ca Phone: (306)766-4016
Division of Continuing Professional Learning
College of Medicine, University of Saskatchewan
1440—14th Avenue, Room 1B13
Regina, SK S4P 0W5

From the Director of Physician Registration, Ms. Barb Porter

Registration Services Annual Report for 2013

	Active Licensure	Inactive Licensure
Total Registered as of December 31, 2012	2022	202
Newly Registered from Saskatchewan	36	0
Newly Registered from other Provinces	52	0
Newly Registered from other Countries	111	0
Reactivated to Full from Inactive	11	-12
Reactivated to Full or Inactive from Absence	20	4
Moved from Locum to Active	8	
Moved to Inactive In-Province Licensure	-15	
Moved to Inactive Out-of-Province Licensure	-42	
Moved from Active to Inactive		57
Licenses Expired/Invalid	-1	0
License lapsed on Request or Non-Payment	-38	-38
Deceased	-4	-1
Moved from Active/Inactive to Temporary Locum	-3	0
Total Registered as of December 31, 2013	2157	212

2013 was another busy year for Registration Services.

During 2013, Registration Services handled 1284 inquiries/applications for registration, renewed approximately 2000 licences and approximately 1200 medical professional corporations. In addition, we process approximately 700 educational licences for the College of Medicine (new medical students, JURSIs and new or promoted residents).

Members will recall that the Council of the College of Physicians and Surgeons of Saskatchewan has declared its intent to align with national registration standards that are currently under development. As a result, the College has experienced a number of changes to our registration requirements:

- Internationally trained family physicians may be licensed by one of two pathways. They must complete a pre-licensure assessment program (SIPPA) or be approved for certification without examination by the College of Family Physicians of Canada. In total approximately 500 internationally trained physicians have applied to participate in the SIPPA program since the inception of the program.
- Supervised practice was introduced for those internationally trained family physicians who successfully complete a pre-licensure assessment program (SIPPA or CFPC Certification without examination). A total of 42 new family physicians were licensed for supervised practice in 2013 following successful completion of the SIPPA assessment. The College appreciates the work of approximately 60 practicing physicians who have provided support to new colleagues by accepting responsibility to act as practice supervisors and summative assessors;
- The College commenced summative assessments for those physicians who had completed a pre-licensure assessment process as an alternative to the Medical Council of Canada examinations. Registration Services with the assistance of Dr. G. McBride dedicated significant time and effort to develop processes and tools for the assessment process. The first round of assessments has been piloted by Dr. McBride. In 2014, College staff with assistance from Dr. McBride will recruit and orientate additional summative assessors.
- In 2012, the College registered 45 physicians on educational licences for the SIPPA assessment. Thirty -six of them were successful in the assessment and moved to provisional licensure with supervision. Several moved to full licensure as they had obtained the LMCC designation prior to relocating to Saskatchewan.
- In 2013, the College registered 88 physicians on educational licences for the SIPPA assessment. Sixty -one of them were successful in the assessment and moved to provisional licensure with supervision. Of the 61 successful physicians, 19 moved to full licensure as they had obtained the LMCC designation prior to relocating to Saskatchewan.

SIPPA Session 2013	# of Participants	# of Successful Participants	# with LMCC (move to full licensure)
January	29	18	5
May	30	19	7
September	29	24	7
Total Numbers	88	61	19

- The College moved forward with offering summative assessments for specialist physicians who had exhausted their eligibility for the Royal College examinations. These assessments are labour intensive and take a great deal of time to organize. Eight specialists completed the summative assessment process in 2013. The College is grateful to all assessors who have supported Saskatchewan specialists through this process.

- Revalidation (continuing medical education or professional development) requirements became mandatory in 2007 for renewal in the fall of 2008. The College is aware that many physicians are unclear about the requirements and the process to satisfy Bylaw 5.1. This issue was the focus of a great deal of time and attention for Registration Services. In 2012, we identified approximately 40 physicians who had issues with revalidation – failure to enroll in an appropriate program, failure to enter credits into the online account or failure to accrue a sufficient number of credits to complete the learning cycle in a timely manner. In 2013, we identified over 50 physicians with issues related to compliance with revalidation requirements and worked with them to resolve their issues. Physicians who are uncertain of the status of their compliance with Bylaw 5.1 are encouraged to contact the Director, Physician Registration for information and assistance.

- Staff from Registration Services has been involved in a LEAN exercise to review licensure and other activities of the registration department. The current activity builds on the LEAN work in the department that commenced in 2008. The College is grateful to Mr. Dale Schattenkirk from Learning to See Consulting and Mr. Keith Willoughby from the Edwards School of Business for their expert guidance through our LEAN journey.

Statistics prepared by Ms. Amy McDonald, CA
Registration report prepared by B. Porter, Physician Registration

---

COUNCIL ELECTIONS

Elections for members of Council for six of the Electoral Districts will take place later this year.

Members of the College in these six Electoral Districts will have an opportunity to nominate and elect colleagues for service on the Council of the College for a term of three years.

The Electoral Districts and current Councillors whose terms will expire at the end of 2014 are as follows:

District 1	Dr. Tilak Malhotra - PAPHR/Mamawetan Churchill River/Athabasca
District 3	Dr. Andries Muller - Saskatoon
District 5	Dr. Suresh Kassett - Cypress
District 7	Dr. Alan Beggs - RQHR
District 9	Dr. Pierre Hanekom - Kelsey Trail
District 10	Dr. Dan Johnson - Heartland

If you would like more information on the commitment required to be a Councillor, or the requirements to run for election, please contact Sue Robinson on sue.robinson@cps.sk.ca.

From the Prescription Review Program Manager, Doug Spitzig, Pharmacist

The Prescription Review Program (PRP) is an educationally-based program of the College of Physicians and Surgeons that monitors for apparent inappropriate prescribing and apparent inappropriate use of PRP drugs included in regulatory Bylaw 18.1.

The Program alerts physicians of possible inappropriate prescribing or use of PRP drugs by their patients. The Program provides general information to physicians in order to encourage appropriate prescribing practices. In some cases, physicians are required to provide explanations for their prescribing of medications to which the Prescription Review Program applies. After reviewing a physician's reply, the Program will make recommendations, following best practices, to improve patient outcomes or reduce the possibility of misuse of these medications.

Alert letters include monthly computer-generated "double doctor" letters to alert physicians if their patient has received a prescription of a PRP drug from three or more physicians. The reporting program cannot identify physicians working in the same clinic and seeing common patients, so the staff at the Program endeavors to identify these patients but are not always successful, resulting in some letters being sent to prescribers in the same clinic.

Alert letters are also sent to prescribers as a result of information received by the Program that an individual who has been prescribed PRP medications may possibly be misusing and/or diverting his/her medication. The Program does not suggest in those letters that the physician cease prescribing to the patient. Rather, the Program recommends that the physician put safeguards in place, such as treatment agreements, random urine drug testing or surprise tablet counts in order to prevent prescription drug misuse or diversion.

Other forms of alert letters include informing physicians of the requirements contained in College bylaws to write prescriptions for PRP drugs, letters to the College of Pharmacists to alert them to possible inappropriate dispensing of PRP drugs by pharmacists and expressing concern about the legibility of prescriptions.

The program will send letters requiring physicians to explain their prescribing to a patient in situations such as:

- double doctoring for an extended period of time;
- a pattern of early refills;
- chronic use of benzodiazepines by a patient;
- inappropriate use of PRP drugs as outlined by "The BEERS Criteria";
- prescribing of large quantities of immediate-release opioids repeatedly without the use of a sustained release form'
- prescribing of PRP drugs contraindicated for patients on the methadone program for addiction;
- inappropriate chronic use of opioids known to have minimal analgesic effects combined with potential toxic metabolites or a high potential for developing dependency; and,
- reports of illicit use of prescribed PRP drugs by reliable sources.

After the physician provides an explanation, the Program can make appropriate recommendations.

In 2013, the Prescription Review Program continued to concentrate on awareness of the Canadian Guideline for the Safe and Effective use of Opioids for Chronic Non-Cancer Pain. By referring to and using this guideline, physicians can have a comfort level in the prescribing of these drugs in order to provide optimal care to patients.

The PRP continues to monitor for the inappropriate chronic use of benzodiazepines and, in particular, in the elderly. There continues to be a decrease in the use of these drugs as a hypnotic for the elderly since monitoring began in 2006. However, in the last two years this trend was reversed. We ask physicians to review the prescribing of these drugs to see if it is medically appropriate to wean patients from benzodiazepines or taper the dosages in order to minimize the risks of falls and other unwanted side effects common in the elderly, from these medications. The Program will continue to focus on the chronic prescribing and use of benzodiazepines where it appears to be inappropriate to do so. The PRP will continue to provide physicians with the required information including safe tapering schedules.

The Prescription Review Program continues to receive more and more calls from physicians for assistance in appropriate prescribing of PRP medications to their patients. The PRP continues to be a reliable source of information for physicians located in rural isolated practice settings who ask for recommendations on the safe and effective use of PRP drugs for their patients.

On December 31, 2013, the Saskatchewan Drug Plan delisted meperidine (Demerol) and pentazocine (Talwin) as benefits. There is a six month grandfather phase in order to provide physicians with enough time to determine alternate appropriate management plans; therefore, physicians with patients on Demerol prior to December 31, 2013, have until June 30, 2014.

In February 2012, the Prescription Review Program made a presentation at a National Dialogue on Prescription Drug Misuse hosted by the Canadian Centre on Substance Abuse. As a result of that conference, a national advisory council was appointed that included the PRP as a member to develop a pan-Canadian approach to address prescription drug misuse. There are five streams of action with recommendations in prevention, education, treatment, surveillance monitoring and enforcement.

On March 27, 2013, the Canadian Centre on Substance Abuse held a press conference releasing Canada's first

National Prescription Drug Strategy, *First Do No Harm: Responding to Canada's Prescription Drug Crisis*. The next phase is the implementation process which is scheduled to occur over a 10-year period. For further information, please visit the website at www.ccsa.ca.

The Prescription Review Program thanks the physicians of Saskatchewan for their cooperation and assistance with this educationally directed process as demonstrated by the changes in the prescribing of PRP drugs.

Physicians are encouraged to contact the Prescription Review Program if they require recommendations in managing high risk patients using PRP drugs.

DELISTING OF MEPERIDINE AND PENTAZOCINE FROM THE SASKATCHEWAN FORMULARY

The Ministry of Health has provided the following information regarding meperidine and pentazocine. Effective January 1, 2014, meperidine (Demerol) and pentazocine (Talwin) are no longer listed as eligible benefits under the Saskatchewan Prescription Drug Plan. The injectable form of meperidine has been added to the Hospital Benefit Drug List.

Patients who had claims for either of these medications in the last six months of 2013 were identified and their coverage was extended until June 30, 2014. This is to provide additional time for prescribers to review and manage their patients and for patients to follow-up with their prescriber and/or pharmacist as needed. Letters have been sent to patients and their prescribers notifying them of this change.

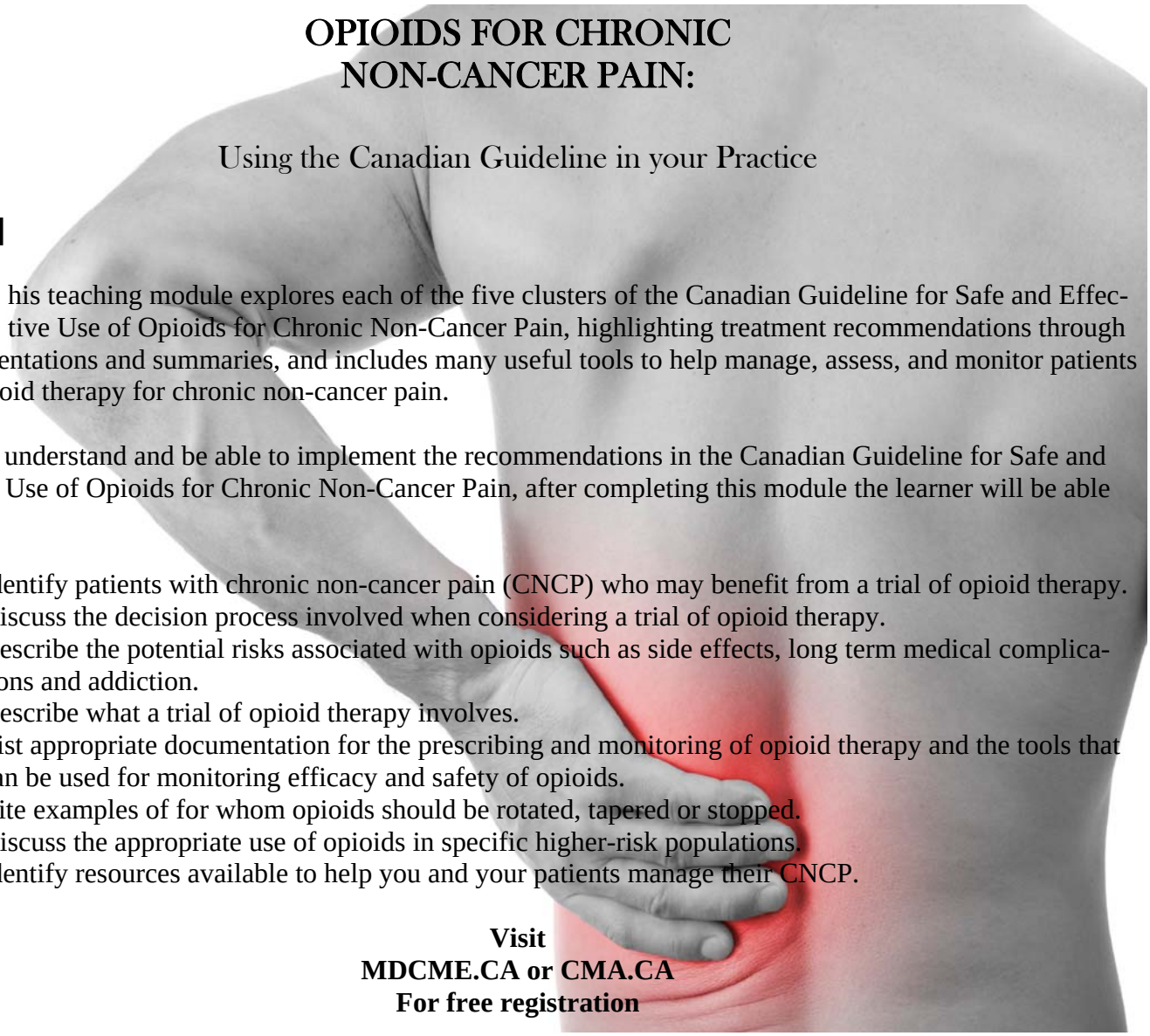
Please note that Drug Plan beneficiaries remaining on either of these medications after June 30, 2014, will be responsible for the full cost of their prescriptions.

The *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* can be accessed at http://nationalpaincentre.mcmaster.ca/opioid/. The guidelines offer recommendations for safe and effective ways to change opioids.

For questions or any further information, please contact the Drug Plan toll free at 1-800-667-7578 or 306-787-3315.

OPIOIDS FOR CHRONIC NON-CANCER PAIN:

Using the Canadian Guideline in your Practice



This teaching module explores each of the five clusters of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, highlighting treatment recommendations through case presentations and summaries, and includes many useful tools to help manage, assess, and monitor patients using opioid therapy for chronic non-cancer pain.

To better understand and be able to implement the recommendations in the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, after completing this module the learner will be able to:

- Identify patients with chronic non-cancer pain (CNCP) who may benefit from a trial of opioid therapy.
- Discuss the decision process involved when considering a trial of opioid therapy.
- Describe the potential risks associated with opioids such as side effects, long term medical complications and addiction.
- Describe what a trial of opioid therapy involves.
- List appropriate documentation for the prescribing and monitoring of opioid therapy and the tools that can be used for monitoring efficacy and safety of opioids.
- Cite examples of for whom opioids should be rotated, tapered or stopped.
- Discuss the appropriate use of opioids in specific higher-risk populations.
- Identify resources available to help you and your patients manage their CNCP.

Visit
MDCME.CA or CMA.CA
For free registration

Potential for Medication Error in the Preparation of JEVTANA (Cabazitaxel)

By Franca Mancino, M.Sc,
Vice President, Medical and Regulatory Affairs

Sanofi-aventis Canada Inc., in consultation with Health Canada, would like to bring to your attention the potential for medication errors leading to overdose in the preparation of JEVTANA (cabazitaxel), and the importance of ensuring that the entire content of the diluent is added to the concentrate vial during reconstitution.

JEVTANA (cabazitaxel) in combination with prednisone or prednisolone is indicated for the treatment of patients with castration resistant (hormone refractory) metastatic prostate cancer previously treated with docetaxel containing regimen.

- Reconstitution errors with JEVTANA (cabazitaxel) have been reported in Europe that led to overdoses 15% to 20% higher than the prescribed dose. No cases of reconstitution errors have been reported in Canada.

- Errors in the administered dose occurred in the first step of the reconstitution where only the nominal volume of the diluents vial (4.5 ml) was transferred to the concentrate vial, instead of the entire content (5.67 ml). This resulted in a more concentrated premix, leading to a higher dose of JEVTANA delivered.
- Pharmacies should review worksheets used in the preparation of cabazitaxel to ensure that they instruct pharmacy staff to add the ENTIRE content of the diluents vial to the concentrate.
- Where an automated software system is used to prepare the infusion solution, the system must be set up to allow withdrawal of the ENTIRE content of the diluents vial to add to the concentrate vial.

The anticipated complications of overdose include exacerbation of adverse reactions such as bone marrow suppression and gastrointestinal disorders (see section Overdose of the JETVANA Product Monograph).

Preparation Instructions

Preparation of the infusion solution of JEVTANA requires two dilution steps. Both the cabazitaxel concentrate vial and the diluent vial contain an overfill to compensate for liquid loss during preparation.

Step 1: Initial dilution of the concentrate: Always transfer the ENTIRE content of the diluent vial to the concentrate in order to obtain a concentration of 10 mg/ml in the premix.

	Diluent Vial	**Concentrate Vial**
Nominal volume	4.5 ml	1.5 ml (60 mg cabazitaxel)
Actual fill volume	5.67 ml (add all of this volume to the concentrate vial)	1.83 ml (73.2 mg cabazitaxel)

Step 2: Preparation of the infusion solution: From this premix, the required volume should be taken and injected into the infusion container in accordance with the intended dose of JEVTANA to be administered to the patient.

Health Canada is working with sanofi-aventis Canada Inc. To improve the clarity of the dilution instructions in the Product Monograph for JEVTANA and this will be posted on the Health Canada and sanofi-aventis Canada Inc. websites.

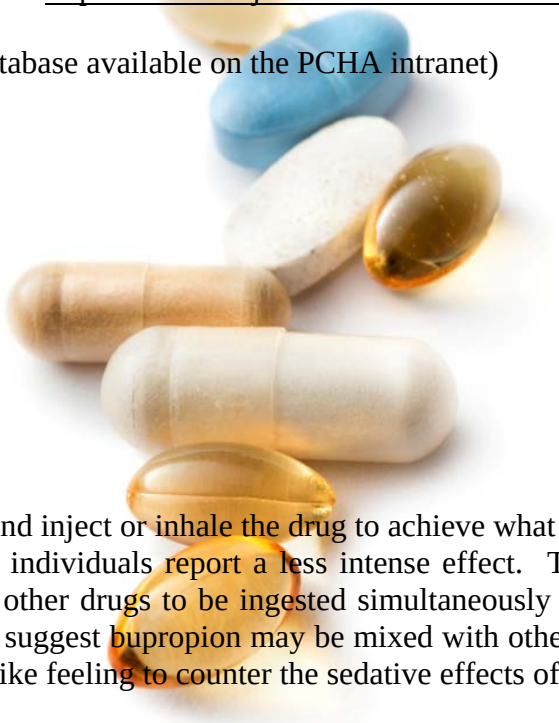
Should you have any questions or require additional information regarding the use of JEVTANA, please contact the Medical Information Department at sanofi-aventis Canada at 1-800-265-7927, Monday to Friday, between 7:30 a.m. and 7:30 p.m. (Eastern Standard Time).

Managing marketed health product-related adverse reactions depends on health care professionals and consumers reporting them. Reporting rates determined on the basis of spontaneously reported post-marketing adverse reactions are generally presumed to underestimate the risks associated with health product treatments. Any case of reconstitution errors or other serious or unexpected adverse reactions in patients receiving JEVTANA should be reported to sanofi-aventis Canada Inc. or Health Canada. Medication errors can also be reported to the institute for Safe Medication Practices (ISMP) Canada through the Canadian Medication Incident Reporting and Prevention System.

Recreational Use of Bupropion (Wellbutrin®; Zyban®)

Bupropion (Wellbutrin®; Zyban®) is an antidepressant and is used to treat a variety of conditions including depression, other mental/mood disorders and smoking cessation.

Manufactured by GlaxoSmithKline, bupropion was first marketed as the anti-depressant Wellbutrin®, and later re-launched as Zyban®, a smoking-cessation aid. The two (2) drugs share an identical chemical structure and were differentiated only for marketing reasons. http://www.cmaj.ca/content/169/11/1202.1.full



Brand names in Canada: (from "Up to Date" database available on the PCHA intranet)

- Ava-Bupropion SR;
- Bupropion SR;
- Mylan-Bupropion XL;
- Novo-Bupropion SR;
- PMS-Bupropion SR;
- ratio-Bupropion SR;
- Sandoz-Bupropion SR;
- Wellbutrin SR;
- Wellbutrin XL;
- Zyban

Recreational users of bupropion crush the pills and inject or inhale the drug to achieve what has been described as a crack cocaine-like "high", however, some individuals report a less intense effect. The duration of the "high" is relatively brief and it is common for other drugs to be ingested simultaneously (e.g. – mixed with crack cocaine; alcohol). Anecdotal reports also suggest bupropion may be mixed with other medications such as hydromorphone, as it gives an amphetamine like feeling to counter the sedative effects of narcotics.

Injecting the crushed bupropion pills may result in a host of unpleasant side effects, and can lead to death. The link below is an alert issued in Ontario by the Interim Chief Coroner's Alert to Ontario Physicians and Pharmacists:

http://www.cfpc.ca/uploadedFiles/Publications/_PDFs/130507%20Alert%20to%20Ontario%20Physicians%20and%20Pharmacists%20re%20Bupropion.pdf

Lethal Consequences to Recreational Use of Bupropion (Wellbutrin®; Zyban®) through inhalation and/or injection

> *Dr. Dan Cass, Interim Chief Coroner for Ontario, is alerting Ontario physicians, particularly family physicians, emergency physicians, psychiatrists, as well as pharmacists, of the potential lethal consequences of the recreational use of bupropion through atypical routes.*
>
> *The Office of the Chief Coroner is aware of at least six cases in which the recreational use of bupropion by inhalation or injection was a causative factor in the death. In these cases, bupropion was injected or inhaled alone or in combination with other illicit or prescribed drugs. Injection use may be associated with significant tissue necrosis at the injection site, leading to death in some cases.*
>
> *A public safety risk appears to be emerging. Physicians and pharmacists should be aware of the potential for recreational use of bupropion via inhalation or injection when considering prescribing and/or dispensing this medication, and when treating patients presenting with complications of use via these atypical routes.*

Injecting bupropion can cause damage at the injection site including: tissue damage; skin abscesses; collapsed veins; and clogged arteries.

In Saskatchewan, there are reports of a number of individuals abusing legally obtained Wellbutrin and Zyban (Bupropion) to the point of being hospitalized.

Continuing Professional Learning: Coming Events

www.usask.ca/cme
Saskatoon inquiries: (306)966-7787
Regina inquiries: (306)766-4016

May 2-3, 2014	ECG and Cardiology Update—Regina, SK
May 24, 2014	Fetal Health Surveillance—Regina, SK
June 14-15, 2014	Advanced Cardiac Life Support (ACLS) Provider and Renewal Course—Saskatoon, SK
September 19-20, 2014	Dermatology Conference– Regina, SK
October 3-4, 2014	Essentials of ECG—Saskatoon, SK
October 17-18, 2014	SK Emergency Medicine Annual Conference (SEMAC)-Regina, SK
November 21-22, 2014	Practical Management of Common Medical Problems

From the Diagnostic Quality Assurance Program

LABORATORY QUALITY ASSURANCE

The College of Physicians and Surgeons of Saskatchewan is contracted by the Ministry of Health to operate the Laboratory Quality Assurance Program (LQAP). As designated in the Medical Laboratory Licensing Act and Regulations, the LQAP is responsible for the requirements and standards of Medical Laboratories in the Province. The two major components of the program are laboratory accreditation and proficiency testing.

The Program Management Committee (PMC) is the oversight body for operations and decision-making for the program. It is made up of the chairs of the discipline-specific committees, along with representation from the Saskatchewan Association of Combined Laboratory and X-ray Technologists (SACLXT), Saskatchewan Medical Association (SMA), Saskatchewan Society of Medical Laboratory Technologists (SSMLT) and a representative from the Ministry of Health. The members of the PMC in 2013 were:

Dr. Ian Etches, Chair and Transfusion Medicine
Dr. Greg Horsman, Microbiology
Dr. Ed Jones, Anatomic Pathology
Dr. Sheila Harding, Hematology (replaced by Dr. Donna Ledingham late in the year)
Mr. Ernie Serediak, Chemistry
Ms. Paula Dupont, SACLXT
Dr. Ted Alport, SMA
Mr. Del Windrum, SSMLT
Mr. Colin Toffan, Ministry of Health

The Quality Assurance (QA) committees for Anatomic Pathology, Chemistry, Hematology, Microbiology and Transfusion Medicine are comprised of medical and technical experts in those disciplines. Each QA committee consists of 4-7 members. The QA committees develop guidelines for laboratory practice in their specific disciplines; review proficiency testing reports and approve inspection reports.

Laboratory Accreditation

The purpose of inspecting and accrediting a laboratory is to evaluate and ensure compliance with established standards, identify areas of excellence and to provide recommendations for improvement.

The accreditation report provides a valuable written assessment based on how well the laboratory meets the expected standards in the accreditation checklists.

The facility must respond to deficiencies within the appropriate timeframe and provide proof of corrective action, indicating timeframes. The facility is granted full accreditation when all deficiencies have been addressed.

Three Health Regions were inspected in 2013:

- Sun Country
- Cypress
- Prince Albert-Parkland

In 2013, the Ministry of Health's Transfusion Medicine Working Group approached the LQAP and requested all facilities with a Transfusion service (testing and/or issuing) undergo an on-site inspection prior to the Health Canada Blood Regulations coming into effect, in the fall of 2014.

We are excited to announce that in 2014 we will be eliminating the self-inspection process and moving to on-site inspections for all laboratories. We look forward to working with a team of inspectors who will concentrate on inspecting smaller laboratories.

Proficiency Testing/External Quality Assessment (PT/EQA)

PT/EQA is used to evaluate laboratory testing accuracy. Surveys are shipped to the laboratories on a rotational basis and testing is expected to be performed in the same manner as a patient specimen. Upon review by the LQAP PT Consultant, if results fail to meet the criteria established by the QA committees, evidence of laboratory review and corrective action is required.

The LQAP mandates that PT/EQA be performed for all tests for which it is available.

The LQAP currently has 132 medical laboratories enrolled in 2529 PT/EQA surveys. There are also 204 Physician Office Laboratories participating in PT/EQA; as well as the STARS helicopters. This ensures quality test results and patient safety.

In 2013, the Western Canada Diagnostic Accreditation Alliance (WCDAA) was formed involving the respective College of Physicians and Surgeons from the four western provinces (B.C., Alberta, Saskatchewan and Manitoba). The purpose was to look for opportunities for collaboration in laboratory accreditation. Agreement was reached by all jurisdictions to collaborate on a common set of standards. This will allow for continuing development and maintenance of lab standards, provision of consistent assessor training, facilitate the use of cross-jurisdictional assessors and maximize opportunities for efficiencies in areas such as reporting of results and implementation of new technology.

The LQAP staff have also been heavily involved in meetings, document review and providing input/feedback on the 3S Medical Laboratory Services Business Case.

DIAGNOSTIC IMAGING QUALITY ASSURANCE

The Diagnostic Imaging Quality Assurance Program is under contract from the Ministry of Health (Medical Services Branch) to provide a quality assurance program for medical imaging in the Province of Saskatchewan.

The Advisory Committee on Medical Imaging (ACMI) of the College of Physicians and Surgeons has been mandated, by its contract with the Ministry of Health, to "develop methods and protocols for the assessment of the quality of medical imaging services provided."

The ACMI is currently comprised of four Radiologists, one Nuclear Medicine specialist, one Obstetrician/ Gynecologist, an Ultrasonographer, a Medical Radiation Technologist and representation from Radiation

Health and Safety and the Ministry of Health Acute and Emergency Services Branch, as well as three College staff members, who provide the administration of the DIQA program. The Committee meets quarterly in March, June, September and December.

In 2013, 19 physician audits were conducted. The DIQA is always seeking new auditors, to assist with the process and help us improve productivity. Imaging physicians are invited to contact the office (306) 787-5743 if they are interested in this.

Over the past year, considerable attention has been given to reviewing audit processes to ensure the program remains current. This includes moving to a PACs-based review process of Radiologists, wherever possible, in order to cut down on the length of time it has previously taken for reviewers to perform audits on film or disc.

A package was also developed and approved by the Committee in 2013 to assist Obstetrician/Gynecologists performing ultrasound in meeting established standards. As part of this, the ACMI has reviewed and adopted the accepted national ultrasound standards of the Society of Obstetricians and Gynaecologists of Canada (SOGC) and Canadian Association of Radiologists (CAR).

The Committee has also replaced its standards for "MRI" and "Communication of the Imaging Report" with the national CAR standards.

ACMI has declined to accept the interim MIQA process piloted in two RHAs, which was thought to be resource intensive and limited by manual processes. The Committee favored working towards a process that would meet the desired long term state; a peer review process that reviews the daily work of radiologists through the use of RIS/PACS and other electronic means of capturing data. A small working group of interested members from ACMI as well as RHAs and Ministry were to meet to discuss this further. This important initiative has been put on hold until the work from the 3S Health review (pertaining to Lab and DI services in the Province) is complete and there is clarity about the outcomes which may potentially impact the Lab and DI Quality Assurance Programs.

Members of the ACMI and DIQA staff have been heavily involved in meetings, document review and providing input/feedback on the 3S Medical Imaging Business Case.

Revisions to the governing Bylaw 25.1 were recommended to the College, in 2013, and are awaiting approval. Further revisions are under discussion by the Committee for 2014, to reflect the current state of Diagnostic Imaging provision in Saskatchewan.

At the end of 2013, the ACMI said a very fond farewell to Dr. Lowell Loewen, who has served as the Medical Manager since the inception of the program. We wish Dr. Loewen all the best in his retirement.

Laboratory Quality Assurance Program: Ear Swabs

By Microbiology QA Committee

Typically, laboratory studies are not needed in the diagnosis of otitis externa unless the patient is immunocompromised, treatment is failing, to rule out necrotizing/malignant otitis externa, recently ruptured tympanic membrane, or if a fungal cause is suspected. A swab of any discharge from the auditory canal for bacterial and fungal microscopy and culture may be helpful in these conditions. Pseudomonas aeruginosa and Staphylococcus aureus are the most frequent bacterial pathogens in otitis externa. However, up to 40% of all cases of otitis externa do not produce a dominant pathogen.

Tympanocentesis fluid is required for the diagnosis of otitis media, which is cultured as a deep wound.

Ear swabs from neonates to assess Group B streptococcus (GBS) colonization or for the diagnosis of GBS disease or sepsis in neonates are inappropriate and should not be processed.

Reported bacterial susceptibility may not correlate with clinical outcomes because sensitivities are determined for systemic (not topical) administration. Much higher concentrations of antibiotic can be achieved with topical application.

Dr. Dennis A. Kendel Distinguished Service Award

Description/Purpose:

In 2011, the Council of Physicians and Surgeons of Saskatchewan (CPSS) established the award that is known as the "Dr. Dennis A. Kendel Distinguished Service Award".

The award is intended to recognize and honour an individual who has made outstanding contributions in Saskatchewan to physician leadership and/or to physician engagement in quality improvements in healthcare. In exceptional circumstances, the award may be awarded to a group of people where it is clearly demonstrated that the nominees have individually and collectively met the selection criteria.

The award is intended to be awarded annually, except that the award need not be made every year. No more than one such award shall be made in any year.

NOMINATIONS ACCEPTED UNTIL AUGUST 30, 2014

Eligibility/Selection Criteria:

The nominee shall:

- Be a member of the CPSS in good standing or, in exceptional circumstances, be a non-member who otherwise exemplifies the characteristics of a suitable nominee.
- Be widely known by the quality of his or her contributions within the profession.
- Have demonstrated high standards of professionalism and commitment to professionally-led regulation.

In addition, the nominee will have demonstrated excellence or achieved distinction in one or more of the following domains:

- As a physician leader who has contributed significantly to physician leadership in healthcare.
- As a champion of physician engagement in quality improvements or quality assurance in healthcare

- Any individual may receive the award only once.

Selection Process:

The honouree will be selected by evaluation against the selection criteria. The honouree will be selected by the consensus of CPSS Council, or if necessary, by a majority of Council.

Presentation and Form of Award:

The award shall be presented to the recipient or a designate by the CPSS President at the annual President's Dinner. The recipient shall receive a personalized copy of the original award (presented to Dr. Kendel in 2011) and a commemorative gift of $2,500.00. Publicity will appear in the CPSS publications and the local media.

Call for Nominations:

A call for nominations shall be made to CPSS members by the end of August of each year. Nominations must be signed by a CPSS member or stakeholder and accompanied by letters from two individuals who support the nomination. Nominations must be received by 30th August of each year. Nomination forms are available from the CPSS website or by contacting sue.robinson@cps.sk.ca at the College office (306) 244-7355. If no nominations are received, the CPSS Council may consider qualifying nominations received in the previous year or submit its own nomination.

Notice:

CPSS Council reserves the right to:

- Revoke an award granted to a recipient should circumstances arise that, in its opinion, could unfavorably impact the reputation and/or image of CPSS.
- Make changes to these Terms of Reference.
- Authorize the deviation from these Terms of Reference, from time to time, where warranted.

Our Staff:

Dr. Karen Shaw, Registrar
Dr. David Poulin, Deputy Registrar
Mr. Bryan Salte, Associate Registrar/Legal Counsel
Ms. Barb Porter, Director of Physician Registration

Along With:

Carol Bowkowy, Senior Registration Officer
Karen Mazurkewich, Registration/Information and Certificate Officer
Karen Mierau, Registration Officer
Amanda Nelson, Registration Officer
Lindsay Schultz, Registration Coordinator
Tracy Herzog Assistant/Registration
Jori Smith, Assistant/Registration
Amy McDonald, Manager of Accounting/Finance
Leslie Frey, Regulatory Services Coordinator
Tracy Hastings, Regulatory Services Coordinator
Melissa Hoffman, Complaints Coordinator
Alyssa Van Der Woude, Complaints/Assistant to
B. Salte/Newsletter
Sue Robinson, Executive Assistant to the Registrar
Doug Spitzig, Pharmacist/Prescription Review Program Manager
Laurie Van Der Woude, PRP Coordinator
Meagan Fraser, Assistant/PRP & Methadone Program
Ferne Hand, Assistant to Accounting/Finance
Melanie Lafonde, Receptionist
Camille Dunlop, Receptionist

And In Regina:
Diagnostic Imaging & Lab Quality Assurance

Tracy Brown, Director
Jackie Ernst, Lab Proficiency Testing Consultant
Marg Zahorski, Executive Assistant
Kim Skrypnyk, Administrative Assistant/Receptionist

College of Physicians and
Surgeons of Saskatchewan

500—321A 21st Street East
Saskatoon, SK S7K 0C1

Phone: (306)244-7355

Complaints: (800)667-1668

Fax: (306)244-0090

E-mail: cpssinfo@cps.sk.ca

Or visit us at:

www.cps.sk.ca