

doctalk

Latex Allergy

Risk management and harm prevention

Preventing Forgeries

How can prescribers help?

National Registry of Physicians

Physician Health:

Goodbye from Brenda Senger

Senior Life Designation

Meet the 2023 recipients!

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From the President and Registrar



Dr. Alan Beggs
CPSS Council President



Dr. Grant Stoneham,
CPSS Registrar & CEO

A MESSAGE FOR THE HOLIDAY SEASON

On behalf of Council and the staff at the College of Physicians and Surgeons of Saskatchewan, we wish all our readers a safe, healthy and happy Holiday Season. May 2024 shine bright!



Council News



Council Meeting Highlights

MEETING OF NOVEMBER 24-25, 2023

- Council appointed Dr. Preston Smith as the member of Council representing the College of Medicine until December 31, 2023, and appointed Dr. Marilyn Baetz as a member of Council effective January 1, 2024, following Dr. Smith's retirement.
- Council considered information about physician clinics' compliance with expectations relating to the availability of after-hours coverage as addressed in the Medical Practice Coverage policy, and directed that CPSS staff will provide feedback to physician clinics that are and are not fully compliant with the expectations of voicemail messages describing how to access after-hours care.
- Governance Policy EL-6 was amended to clarify that the College can notify the public if a physician is required to complete a specified continuing education or remediation program (SCERP) that includes a restriction on a physician's practice.
- Council approved the assessment program for clinical assistants to work at the Cancer Agency as set out by the Saskatchewan Cancer Agency. Council also amended the policy on physicians working in limited roles to allow the Saskatchewan Cancer Agency in addition to the Saskatchewan Health Authority to propose an assessment process for clinical assistants.
- Council approved the prelicensure proposal for anesthesiology as set out by the Saskatchewan Health Authority.

Improving Communication with Physicians - CPSS Survey Results

Source: Rochelle Wempe, CPSS Legal Counsel

The College recently sought feedback through a survey on CPSS communication with physicians. We want to thank all physicians who took the time out of their busy schedules to participate. We appreciate the feedback.

While there were many valuable and interesting comments and suggestions, a common theme was for communications from the CPSS to be more clear, concise, respectful, focused, short and to-the-point, contain less "legalese", be more reader-friendly, and use more practical/clinical scenarios. The underlying message was to make CPSS communications more reader-friendly and accessible to busy physicians.

Much of this work is currently underway in updating and modernizing the College's website. The College will also be focusing on:

1. Improving communications generally;
2. Improving DocTalk by making it more reader friendly and relevant;
3. Using town halls and webinars to engage with physicians on important and relevant topics.

Council Election Results

This year in November, an election by ballot was held for a position on Council for a member from the Regina Area. Congratulations to Dr. Terrance Ross for his election to Council!

Congratulations also to the following Council members who were elected by acclamation:

- Saskatoon – Dr. Pamela Meiers (returning)
- South West – Dr. Jeffrey Wilkinson (new)
- South East – Dr. Boye Adeboye (returning)
- North East – Dr. Oladapo Mabadeje (returning)

Council wishes to thank the following members for their contribution: **Dr. Olawale Franklin Igbekoyi** (South West Area, January 2016- November 2023, including two years as President of Council); and **Dr. Lenny Pillay** (Regina Area, November 2022-November 2023).

Council elections are held each year for a number of positions. If you are interested in nominating someone or being nominated for election to Council, please contact the Office of the Registrar at OfficeOfTheRegistrar@cps.sk.ca for more information on the process for becoming a Councillor.

Past Councillors Honored during Council Banquet



Above: A number of Past Councillors were presented with appreciation certificates for their contribution to Council during a banquet on November 24, 2023. Pictured here are (L-R) Mr. Marcel de la Gorgendière (May 2012-May 2018); Dr. Adegboyega Adewumi (November 2015 - November 2019); Dr. Grant Stoneham (Registrar); Dr. Alan Beggs (Council President), Dr. James Fritz (December 2005 - December 2011 and November 2017 - November 2020); Dr. Pierre Hanekom (November 2005 - November 2020); Dr. Aqueel Ghori (January 2020 - August 2022); Dr. Amos Akinbiyi (January 2021 - May 2022); Mr. Bill Hannah (September 2017 - May 2022); Mr. Ken Smith (March 2014 - May 2022). Photo courtesy of Mr. Bryan Salte.

Legally Speaking



Upcoming Policy Consultations

Please keep an eye out for the invitation to participate in consultations on the following proposed amended policies, approved in principle by the Council at the November 2023 meeting. These consultations will be open in early January and available on the CPSS website [Consultations and Surveys](#) page. Physicians will also be invited to participate via email from the College. The Council will consider all feedback received when deciding on the final forms of these policies, likely at the March 2024 meeting.

Prescribing: Access to the Pharmaceutical Information Program (PIP) or electronic Health Record (eHR) Viewer

(current version available [here](#))

This policy was initially adopted by Council in September 2020, and had been intended as a starting point. At that time, there was an understanding that there were systemic challenges that restricted some physicians from gaining access to the PIP or eHR Viewer on a regular/convenient basis. In addition, the Council understood that there were technical impediments at that time with integration between EMR systems and the PIP and/or eHR Viewer. The policy adopted in 2020 included the expectation that all physicians would have active login capability with the PIP and/or eHR Viewer and recommended viewing prior to prescribing, particularly when prescribing opioids or other psychoactive medications.

The policy reached its sunset date in September 2023, and the Council appointed a committee to review the policy. The committee included representatives from the Saskatchewan Health Authority (SHA), the Saskatchewan College of Pharmacy Professionals (SCPP) and the College of Registered Nurses of Saskatchewan (CRNS). Based on the committee's recommendations, the Council approved a proposed amended version of the policy at the November meeting and directed that it be circulated broadly for stakeholder feedback. This feedback will be reviewed by Council, likely at the March 2024 meeting.

The fundamental change to this proposed amended policy is that it is now an expectation that all CPSS registrants 1) have active login capability with the PIP and/or eHR Viewer, AND 2) access and review prescribing data in either the PIP and/or eHR Viewer prior to prescribing any PRP medication. For ease of reference, the actual list of PRP medications has been included in the proposed amended policy. For all other (non-PRP) medications, the policy recommends access to the patient's medication profile, but it is not mandatory.

Medical Practice Coverage

(current version available [here](#))

Most physicians will be aware that the Medical Practice Coverage (“MPC”) policy has garnered considerable attention and some controversy since it was amended in March 2021. There have been numerous articles published in this Newsletter since that time (available at the above link), in an effort to clarify the expectations and provide notice of the data collection process that was completed in September 2023. As a reminder, that process included a random selection of approximately 10% of CPSS physician registrants, whose offices were contacted after hours to assess whether their voicemail messages included the details required by the MPC policy.

As this policy reached its sunset review date in June 2023, the Council appointed a committee to review and consider appropriate amendments. The committee also reviewed the data collection and considered that random evidence of compliance with the policy when discussing possible amendments.

At the November meeting, the Council considered the committee’s recommendations, and approved the amended policy in principle with a direction for broad stakeholder consultation. The proposed amendments are intended to re-focus on the broad expectations, recognizing that each physician will need to make appropriate arrangements within the context of their own practice. The Council also directed that the Registrar’s office write to those physicians/clinics who were contacted in the course of the data collection process to provide feedback on what they were doing well and what should be improved. Those communications will follow early in 2024.

The forthcoming consultation will include a more detailed summary of the committee’s and Council’s discussions, and the specific proposed amendments that are being circulated for stakeholder feedback.

Responsibility for a Medical Practice

(current version available [here](#))

Also at the November meeting, the Council approved an amendment to the Responsibility for a Medical Practice policy to include the obligation to ensure appropriate coverage arrangements are in place for ongoing medical care for their patients (in compliance with the MPC policy). This would apply to all physicians who provide direct patient care. This policy will be included in the consultation for the MPC policy, given that it references the same obligation.



Ms. Sheila Torrance

Sheila Torrance is Legal Counsel at the College of Physicians and Surgeons of Saskatchewan.

Changes to Regulatory Bylaws

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

Once approved by Council, regulatory bylaws are submitted to the Minister of Health for approval and publication in the Saskatchewan Gazette, at which time the changes are in effect. Changes to regulatory bylaws are reported in the first edition of the Newsletter after their publication in the Gazette.

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

Regulatory bylaw 2.15 – Eligibility to vote in Council elections and be elected to Council

The Council rescinded bylaw 2.15 as the matters addressed in that bylaw are now addressed in administrative bylaws 4.1 to 4.10 adopted by Council in September 2023. The changes to the administrative bylaws followed the May 2023 amendments to The Medical Profession Act, 1981, which among other changes, repealed provisions directing the process for Council elections.

Regulatory bylaw 2.8 – Ministerial Licensure

Bylaw 2.8 establishes a process whereby physicians who would not otherwise be eligible for regular licensure can be issued a ministerial licence to work at the Saskatchewan Cancer Agency based upon a request from the Minister of Health. The bylaw imposes a sunset date for that process. The Council amended bylaw 2.8(c) to extend the sunset date for issuing ministerial licences until December 31, 2026.

Regulatory bylaw 8.1 – Bylaws defining unbecoming, improper, unprofessional or discreditable conduct

After consultation with select organizational stakeholders, the Council adopted bylaw 8.1(b)(xxiv) which defines as unprofessional conduct a physician's failure to attend in person before Council, upon reasonable notice and without reasonable excuse, for the administration of a reprimand if directed by the Council President to do so.

Policy, Standard and Guideline Updates

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

***Standards** are formal requirements established by the College with which members must comply. They supplement the College's bylaws and mandate clinical and/or ethical standards in relation to defined areas of practice.*

***Policies** contain requirements set by the Council of the College to supplement the Act and Bylaws. Policies are formal positions of the College in relation to defined areas of practice with which members must comply. The Council also sets policies on registration, administration, and governance of the College.*

***Guidelines** describe practices that are generally recommended by the Council of the College as part of providing quality medical care in a professional manner. Physicians licensed with the College are encouraged to follow these recommended courses of action and should exercise reasonable discretion in their decision-making based on this guidance.*

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

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

NEW Standard – [Prescribing Benzodiazepines and Z-Drugs](#)

In June 2023, the Council reviewed an environmental scan of prescribing-related standards, policies, guidelines and practice directions in other Canadian jurisdictions. Based on this review and the available data on benzodiazepine prescribing in Saskatchewan, the Council approved in principle a practice standard that was modeled on the document from the College of Physicians and Surgeons of Manitoba. The intention was to mitigate the risk of patient harm and to clarify expectations for registrants prescribing these medications (for clarity, Z-drugs include zopiclone, eszopiclone and zolpidem). Following consultation with select organizations, the Council approved the updated standard at the November meeting.

Updated policy – [Conscientious objection](#)

At its November meeting, the Council considered the policy Conscientious Objection which had reached its sunset review date. The Council approved the policy in its current form and assigned a new sunset date, but directed that an updated version of the policy be brought back to the January 2024 meeting including links to relevant resources.

Rescinded policy – Ultrasound for non-medical reasons

As there are now clear statements regarding the inappropriate use of ultrasound from Health Canada and other organizations including the Canadian Association of Radiologists (CAR), the Society of Obstetricians and Gynecologists of Canada (SOGC) and Sonography Canada, the Council determined that this policy was no longer necessary and rescinded it.

Discipline Updates

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

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

*There has been **one** discipline matter completed since the last Newsletter report.*

Dr. Jesse Leontowicz

Dr. Leontowicz was found guilty in 2020 of a charge of unprofessional conduct by engaging in sexual intercourse with an individual without her consent and by hitting her repeatedly. The hearing decision was overturned by a decision of the Saskatchewan Court of Queen's Bench (now King's Bench) and restored on appeal to the Saskatchewan Court of Appeal. The Court of Appeal restored the finding of unprofessional conduct, allowed the appeal from the Council's penalty decision and ordered a new penalty hearing which proceeded at the November 2023 Council meeting. The Council accepted a joint recommendation for penalty and imposed a 4-year suspension, retroactive to June 20, 2019, rendering the entire suspension served. The issue of costs will be addressed by Council at a future meeting.

Addressing Quality of Care



Latex Allergy: Risk management and harm prevention

Latex allergy is an immunological reaction, either cell-mediated or IgE-mediated, to certain proteins found in natural rubber latex. Repeated environmental or occupational exposure can lead to sensitization and potentially life-threatening allergic reactions. Reactions are triggered by direct touch, skin contact or mucosal surface contact, or through inhalation of airborne particles.

While latex allergy is fairly rare in the general population, the prevalence among health care workers is reported to be as high as 17%. It is also higher among individuals with other allergies, or with medical conditions, such as spina bifida, which necessitate repeated interventions or procedures. Several health regions and facilities throughout the country, including the former Saskatoon Health Region, have



undertaken initiatives and developed policies and procedures to eliminate occupational exposure to latex for their employees.

Although there is no legislation or policy that regulates latex use in private health facilities and offices, an awareness of latex allergy and latex allergy disability, and an understanding of the potential consequences for both patients and staff, might lead physicians to consider using alternatives to latex. There is also an expectation that physicians should make accommodations for patients with disabilities, which in some cases might include modifications in the office environment for latex-sensitive patients.

It is recommended that physicians take steps to create latex-safe environments to minimize the risk of preventable harm to their office personnel and their patients.

Creating a latex-safe environment

- Use latex-free products such as gloves, supplies and equipment in the office or clinic. This includes tourniquets, stethoscopes, blood pressure cuffs, dressing materials and adhesives, exercise bands, condoms, balloons, gloves and other personal protective equipment (PPE). (Stretchy rubber products contain the highest concentration of allergenic proteins due to the type of vulcanization process used in manufacturing them).
- Use alternative materials such as nitrile or vinyl gloves.
- Replace latex-containing toys in waiting rooms.
- Post notices in the office indicating that it is a latex-free environment and advising against introducing latex products.

- Identify patients with a known or suspected latex allergy and indicate that clearly on their charts.
- Ask patients about latex allergies at the time of booking appointments and procedures.
- Discuss latex concerns and options with patients.
- Follow up with allergic patients to determine the efficacy of the latex safety measures in the facility.
- Educate staff and colleagues in the facility about latex allergy and symptoms and the appropriate response in the case of a severe latex reaction.
- Ensure the facility has an available emergency cart which includes an anaphylaxis kit.

While it is not mandated that private offices make such accommodations, we recognize that physicians are committed to the well-being of their patients, and additionally have a responsibility to maintain a safe workplace for their staff. An awareness of the risks associated with latex products in the healthcare environment can help when making improvements toward achieving these objectives.

Further information about latex allergy can be found in the following resources:

<https://allergyasthmanetwork.org/allergies/latex-allergy/>

<https://www.osha.gov/latex-allergy>

<https://www.ccohs.ca/oshanswers/diseases/latex.html>

<https://www.cdc.gov/niosh/docs/97-135/default.html>



Dr. Valerie Olsen

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

Practice Update



Forgery Prevention

How prescribers can help with preventing and identifying illegitimate prescriptions

Source: Nicole Bootsman, Pharmacist Manager, Prescription Review Program, CPSS and Bryan Salte, Associate Registrar and Senior Legal Counsel, CPSS

All healthcare professionals have professional and ethical responsibilities to take steps to address forgeries to help support appropriate drug use, prevent drug diversion and lessen related public health risks.

Forging a prescription is defined as illegally acquiring pharmaceuticals for either personal use or for the purpose of trafficking (illegitimate sale or distribution). Creating a prescription (on a blank prescription form or electronically), or altering a legitimate prescription (e.g. by increasing the quantity of a medication or adding another medication to the prescription) are examples of a forgery.

Prescription forgery and trafficking of Controlled Drugs are contraventions of the Controlled Drugs and Substances Act with serious legal penalties (particularly for trafficking).

If you are alerted to a suspected forged prescription, it is important to confirm the forgery by:

- Requesting a copy of the forged prescription from the pharmacy.
- Identifying any discrepancies from legitimate prescriptions under your name.
- Documenting the forgery in your records, including the date and time of presentation to the pharmacy and patient information.

When forged prescriptions are identified, collaborate with the pharmacy by:

- Providing direction to the pharmacy on the steps you would like taken for suspected forgeries received under your name in the future (e.g. how to best contact you for verification).
- Confirm who will complete notifications to:
 - [The Saskatchewan College of Pharmacy Professionals](#)
 - [Health Canada](#)
- Confirm whether Law enforcement will be notified and, if so, who will make the notification*.



*Recent changes to The Health Information Protection Regulations, 2023 allow physicians to disclose information about forged prescriptions to police in order to allow police to make a decision whether to investigate the possible criminal conduct. The regulations state:

11(1) ...personal health information may be disclosed, without the consent of the subject individual, to a member of the Royal Canadian Mounted Police, or to a member of a police service within the meaning of The Police Act, 1990, in the following circumstances:

(b) by a trustee if:

(ii) for the purpose of making a decision to undertake an investigation to determine whether an offence has taken place pursuant to the Criminal Code or the Controlled Drugs and Substances Act (Canada), the trustee reasonably suspects that such an offence has taken place, or is taking place, in the trustee's facility or in relation to a program of the trustee; and

(iii) the personal health information to be disclosed is limited to the following:

(A) the name, address, date of birth and telephone number of the subject individual

(C) information respecting the location where the subject individual is receiving or received a health service;

SUGGESTIONS FOR PREVENTION

- Keep prescription pads in a safe and secure location.
- Review and follow the College Bylaw 17.1 and 18.1 for the prescribing of PRP monitored medications.
- Ensure that your contact information is clearly printed on the prescription so that the pharmacist may contact you to verify the prescription.
 - Note that the onus is on the pharmacist to ensure that the signature, if not known to the pharmacist, is verified. You may receive phone call(s) to verify prescriptions.
- Consider faxing or electronically transmitting ALL prescriptions, regardless of the medication class directly to the patient's chosen pharmacy.
- Prescribe through the Pharmaceutical Information Program (PIP).
- If the prescription cannot be faxed, handwritten prescriptions given directly to the patient must be signed manually. EMR-generated prescriptions that are printed and given directly to the patient must be counter-signed with a "wet" signature.
- Mark a line through any empty space on a printed prescription so that nothing can be easily added.

National Overdose Response System (NORS)

Source: Dr. S. Monty Ghosh BSc. MBT MSc. MPH MD FRCPC DM-EMDM ISAM(C) CSAM and Nicole Bootsman BSc(Hons), BSP

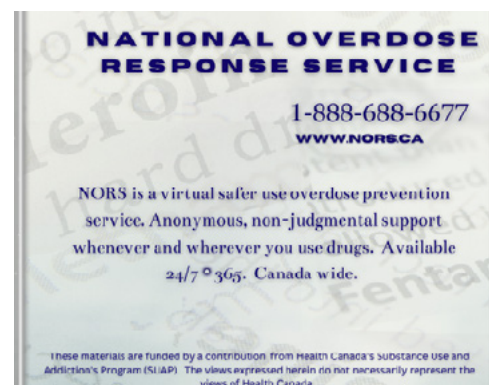
NORS is a Canada-wide, toll-free, virtual overdose monitoring service, operated by people with lived, living or shared experience around drug use.¹ The hotline offers 24/7* 365 individualized and trauma-informed confidential support with operators trained in Mental Health First Aid and psychosis de-escalation.²

Nearly 70% of drug poisonings/overdose deaths occur when people use drugs in isolation. NORS supports individuals during solitary substance use by virtually monitoring the individual and, in the event of an overdose, facilitating an emergency response.³

Peers non-judgmentally support clients, sharing resources for making drug use safer which may include area-specific recovery resources, depending on the client's goals. Peer-to-peer therapeutic alliances have been shown to facilitate trust which may contribute to successful connections with health and social services.^{2,3}

How can YOU help spread the word?

- Print free posters: <https://static1.squarespace.com/static/5fc878333adbb267c9273408/t/64945af0e6be375791f7c469/1687444211291/Printable+NORS+materials+.pdf>.
- Provide the NORS call/text number **(1-888-688-NORS(6677))** to all clients who may be using substances alone, suggesting NORS as an adjunctive option for harm reduction.
- Check out NORS promotional materials: <https://www.nors.ca/additional-nors-materials>.



References:

1. Matskiv, G., Marshall, T., Krieg, O., Viste, D., Ghosh, SM. Virtual overdose monitoring services: a novel adjunctive harm reduction approach for addressing the overdose crisis. CMAJ 194, 46 (2022): E1568-E1572; DOI: 10.1503/cmaj.220579 LINK: <https://www.cmaj.ca/content/194/46/E1568>
2. National Overdose Response Service (NORS). Retrieved November 3, 2023, from <https://www.nors.ca>
3. Marshall, T., Viste, D., Jones, S., Kim J., Lee A., Jafri F., Krieg O., Ghosh SM. Beliefs, attitudes and experiences of virtual overdose monitoring services from the perspectives of people who use substances in Canada: a qualitative study. Harm Reduct J 20, 80 (2023). <https://doi.org/10.1186/s12954-023-00807-9> LINK: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-023-00807-9>

NORS works:



Using drugs alone?

The Caller dials
888-688-NORS (6677).



Peer connection

The Caller is connected to a Peer Operator. The Peer Operator asks for the Caller's address and other details to create a safety plan.



Caller is responsive

The Caller can re-access NORS
whenever needed.



Caller is unresponsive



Emergency services dispatched

The Caller did not provide contact
information for a family member,
friend or Community
Support Person.

OR

The Peer Operator cannot connect
to the family member, friend or
Community Support Person.



Family member, friend or Community Support

If the Caller provided contact
information of a family member,
friend or Community Support
Person, the Peer Operator will
attempt to connect with them.

Are you interested in ECHO Autism SK Diagnostics and Care?

Source: Provincial Autism Strategy, Saskatchewan Health Authority Tel: 639-471-7872

The SHA Provincial Autism Strategy will be launching a new program in the spring to support diagnostics and care in Saskatchewan. The program, [ECHO Autism](#), is evidenced based and operating with great success worldwide. We are excited to offer this program to you free of charge. We understand the tremendous demand for assessment and care for autistic children and their families in our province. Our Saskatchewan resources are facing increasing demand and the wait times for assessment are very long. We have high hopes that the ECHO Autism program will increase our capacity to provide assessment and care closer to home with less wait time.

Please take a few minutes to answer our short survey exploring your educational and resource needs related to pediatric autism spectrum disorder in the province of Saskatchewan. You'll see updates and details in your inbox over the next few months if you decide to provide that to us. We hope we can spark your interest in the ECHO Autism program!

Please take our survey [HERE](#).

Learn more about ECHO Autism [HERE](#).

ECHO Autism SK Diagnostics and Care

Caring for kids?

Get access to a **virtual network of autism experts** to help your families with the wait.

Project ECHO: Extension for Community Healthcare Outcomes

**Moving knowledge,
not people.**

What is ECHO Autism?

- A virtual learning network of medical specialists
- Real-time access to autism experts
- An innovative system that allows professionals to increase confidence in identifying and treating autism

How will ECHO Autism help me?

- Regular, convenient access to experts:
 - Developmental pediatrics specialist
 - Community pediatrician
 - Clinical child psychologist
 - Parent advocate/educator
 - Occupational therapist
 - Speech-language pathologist
- Increase knowledge about:
 - Evidence-based practices for screening, diagnosis and treatment of autism
 - Common medical and developmental concerns in children with autism through case-based learning
- Care for your clients in your own practice with the support of autism experts

Learn more [HERE](#)!

How does ECHO Autism work?

- Meet virtually twice a month
- Free CME
- Discuss complex cases in **YOUR** practice for real-time advice from experts

Why should ECHO Autism matter to you?

- 1 in 50 children have autism
- 50-80% have trouble with sleep
- 40-80% have GI issues
- More than 50% have co-occurring anxiety or ADHD
- Parents need medical support in their home communities
- **YOU** can make a huge difference for families in **YOUR** community!

Please take a couple minutes to fill out our survey with feedback and your interest in **ECHO Autism SK Diagnostics and Care** with the link or QR code!

[Survey!](#)



Questions? Contact Marisha Hammer at marisha.hammer@saskhealthauthority.ca



Helping medical professionals better understand disability within a human rights context

Source: Adam Hawboldt, Systemic Specialist, Saskatchewan Human Rights Commission
adam.hawboldt@gov.sk.ca (306) 229-7169



The Saskatchewan Human Rights Commission (SHRC) has heard concerns from people with disabilities in Saskatchewan and the struggles they often encounter when going to physicians. As an organization with a mandate to educate, the SHRC wanted to reach out and be proactive regarding those concerns.

Disability is common. Whether we experience a short-term incapacity, or a chronic illness, disability is a part of the human experience that will affect nearly all of us at some point in our lives. According to the preliminary results of the *Canadian Survey on Disability, 2017 to 2022* released on December 1, 2023, over a quarter of the people living in Canada (27% of the population aged 15 and over) report having some form of disability¹. Previously, 2017 data had shown Saskatchewan at 22.2% of the population aged 15 to 74 reporting a disability.²

Disability, as a legal category, covers a wide range of conditions and is an evolving concept. Some disabilities are visible while others are not. A disability may have been present since birth, developed over time, or caused by an accident. Disability can be temporary, or permanent. Disability is defined in Section 2 of [The Saskatchewan Human Rights Code, 2018](#) (the Code). The definition includes, among other conditions:

- epilepsy;
- any degree of paralysis;
- amputation;
- lack of physical co-ordination;
- blindness or visual impairment;
- deafness or hearing impediment;
- muteness or speech impediment,
- physical reliance on a service animal, wheelchair or other remedial device; as well as
- physical, mental and learning disorders.



Photo courtesy of the Saskatchewan Human Rights Commission.

Drug and alcohol dependencies and environmental sensitivities are also considered disabilities under the Code.

Like other marginalized groups protected by the Code, persons with disabilities are sometimes subjected to discrimination and harassment. Each year, about 65% of all complaints accepted by the Saskatchewan Human Rights Commission involve disability.

Discrimination against persons with disabilities can be intentional or unintentional but it is often rooted in ableist thinking. Ableism refers to attitudes and stereotypes in society that devalue persons with

disabilities. It sees the disability, not the person. It frames able-bodiedness as the ideal and disability as a flaw or abnormality. Ableism perpetuates a negative view in which persons with disabilities are seen as being less worthy of respect and consideration, more vulnerable, less able to contribute or participate, more prone to suffering and hardship, less valuable, and more dependent than others.

These misconceptions and biases, whether explicit or implicit, are pervasive in our society – including our healthcare system. Despite their good intentions, even medical professionals can at times be unconscious bearers of implicit social biases that negatively affect the quality of service provided to patients with disabilities.³ Research shows that persons with disabilities have identified interactions with medical professionals and access to health services as two main barriers standing in the way of accessible, inclusive, and equitable care.⁴

What can you do to help improve medical services for persons with disabilities?

As medical professionals, it is your responsibility to take reasonable steps to foster a safe, inclusive, and accessible environment in which the rights, dignity, autonomy, and diversity of all people are respected.

Some ways to do this and, in doing so, improve medical services for persons with disabilities are listed below.

1. Make accessibility a priority in your practice.

To ensure that persons with disabilities enjoy their right to equitable health services, accessibility must be addressed broadly. This includes, but is not limited to:

- An accessible examination room with:
 - adequate clear floor space
 - an entry door that is sufficiently wide with adequate clear width and accessible door knobs/handles
 - accessible examination table
 - patient lift equipment
 - wheelchair-accessible weight scales
- Accessible parking spaces for patients
- A ramp (with bilateral handrails) to your clinic that is clear of debris, snow, and other physical barriers
- Power-assisted doors
- Accessible washroom facilities
- Accessible patient check-in with:
 - assistive technologies
 - phone appointments for patients when appropriate
 - accessible print material and signage (large print, raised print, Braille, etc.)
 - visible and audible methods for calling patients
 - accessible wait room
- Adequate space in your clinic for wheelchairs to maneuver

2. Take an intersectional approach to understanding disability.

Persons with disabilities are not all the same. They come from a wide variety of backgrounds and are more than any single characteristic they possess. Every person's identity is influenced by the culmination – or intersection – of many personal characteristics and identities (e.g. disability, age, race, gender).

Viewing disability within an intersectional framework can allow you to better understand and connect with your patients.

3. Use the right words.

There are different ways to refer to different people with disabilities. Some prefer being referred to using person-first language which places the individual before the disability. A broad example of person-first language is "person with a disability." More specific examples could include "an individual with epilepsy" or "a person with a speech impediment." The idea here is that someone is a person first and not defined by their disability. More recently, however, some people from a new generation have embraced their disabilities as an essential, core part of their identity and prefer the use of identity-first language. For example, "an autistic person" or "Ashley, who is disabled, called to set up an appointment."

Generally speaking, professionals and organizations use person-first language when speaking to or writing about people with disabilities. However, when possible, it's best to simply ask a person how they would like to be referred to and use the language they request.

It is also a good idea to: a) refer to person with a disability by their name; and b) avoid using outdated, negative, or offensive language when referring to any disability.

4. Listen and learn from lived experience.

While a patient with one or more disabilities may not be a doctor, they do have lived experience and their input/concerns should be taken into consideration. As medical professionals, you should recognize the authority of people with disabilities have as experts on their own lives. By actively listening to and respecting the experiences of disability, you can better understand the ways in which disability-related issues impact individuals. This, in turn, can help improve care and overall health outcomes.

5. Learn about your own biases.

Everyone has biases, both conscious and unconscious. Medical professionals are no exception. These biases can influence how you make decisions and, in some cases, perpetuate healthcare disparities for patients with disabilities. That is why it is important for you to examine your own beliefs and understanding of disability. Ask yourself what implicit biases you may be projecting on your patient. Becoming aware of your assumptions and beliefs allows you to take steps to minimize your biases when providing care to patients. Awareness is a significant first step.

¹ <https://www150.statcan.gc.ca/n1/daily-quotidien/231201/dq231201b-eng.htm>

² <https://www150.statcan.gc.ca/n1/daily-quotidien/181128/dq181128a-eng.htm>

³ Galli G, Lenggenhager B, Scivoletto G, et al. 'Don't look at my wheelchair!' The plasticity of longstanding prejudice. *Med Educ* 2015;49:1239–47.

⁴ https://www.justice.gc.ca/eng/rp-pr/jr/pwdac-phca/docs/RSD_RR2021_Persons_with_Disabilities_Atlantic_Canada_EN.pdf

Registration Times



Introducing the Medical Council of Canada's National Registry of Physicians

In October 2022, the Government of Canada under the Sectoral Workforce Solutions Program approved a funding request to enable the Medical Council of Canada (MCC) to establish the National Registry of Physicians (NRP).

The funding for this project was officially announced on March 15, 2023. Since then, the MCC has been engaging a representative working group composed of 18 members from provincial/territorial medical regulatory authorities (MRAs) from across the country.

The working group is helping to contribute to the creation of a national tool that will comply with provincial and territorial requirements and will serve to facilitate information sharing between regulators. The CPSS is collaborating fully with the project and is in the process of adapting its information systems to comply with the new NRP reporting requirements.

The Registry is currently under development and is expected to be substantially completed by the end of March 2024. Once completed, the NRP will be a collaborative information exchange tool managed by the MCC for the use of MRAs, with a focus on data management and security.

[Read the MCC's full statement](#). More updates will be provided as the initiative progresses.

Licensure in SK Part 4 – Moving to regular licensure in Saskatchewan



The most recent Licensure in SK DocTalk article focussed on the provisional with restrictions (PWR) licence. This licence is typically issued when a physician does not meet all requirements for a regular licence (ie. full, independent practice). This last article in the series will focus on how those physicians on a PWR licence typically achieve their licence to practise indefinitely in Saskatchewan.

Once a physician is granted a PWR licence, the physician is permitted to practise medicine independently while under supervision. Those physicians with eligibility to write the Canadian certifying exams may elect to either obtain their Certification or access an alternate assessment route to achieve their regular licence. Those physicians without eligibility to write the Canadian certifying exams must access the alternate assessment route as a means to achieving an indefinite form of licence in Saskatchewan.

What does Supervision typically look like for those on a PWR Licence? The model of supervision while on a PWR licence is not the same as what would be required for medical students, clerks or senior residents on an Educational licence. It requires that a supervising physician (of the same discipline as the physician being supervised) perform periodic chart reviews to evaluate the clinical management of a variety of clinical conditions, for the duration of time the physician remains on a PWR licence. The frequency of reporting required by a supervisor is graduated, with more frequent reporting in the first 6 months to 1 year of practice and subsequently less frequent reporting required during the remaining time the physician is subject to supervision.



How long must a physician be supervised while on a PWR licence? It depends. The CPSS bylaws require physicians who have elected or who are required to access the alternate assessment route to achieve a regular licence to complete a minimum of 12 months of successful supervision. Those physicians who have eligibility for their Canadian certifying exams and have elected the exam pathway to achieving their regular licence will transition upon achieving certification. Therefore, the physician will be supervised until they are successful with the certifying exam within the eligibility period. If they do not achieve certification within the eligibility period, they will be required to wind down practice.

When does the summative assessment occur for those who have elected the alternate assessment route? Upon completing 12 months of successful supervision, the process of preparing for a summative assessment begins. At month 12, physicians will receive their first email from the CPSS outlining some of the necessary steps required to arrive at the summative assessment. Typically, by month 18, the CPSS is moving forward to begin collecting 360 survey responses from physician and non-physician colleagues as well as patients. By month 24, the summative assessment has typically been scheduled for completion. Following the assessment, a final assessment report is prepared by the assessor(s) and is reviewed by the Registrar and/or Deputy Registrar. If a successful outcome has been confirmed, the physician will be transitioned to a regular licence.

How does a physician transition to a regular licence upon achieving their certification or successfully completing a summative assessment? If a physician has successfully passed their certifying exam or their summative assessment, they will begin the licensure transition process. The transition does not happen instantaneously, as it does require the following steps to occur:

- The CPSS must receive confirmation received by CPSS from the certifying body providing certification date;
- The CPSS must receive proof of either LMCC or USMLE's
- A final supervision report may be required from the supervisor;
- The Registrar or Deputy Registrar will conduct a file review of all relevant documents to ensure there are no outstanding concerns;
- Feedback is required from the Area Chief of Staff or Area Department Lead;
- Internal security checks must be completed; and
- Any outstanding supervision payments must be settled.

If all of the above is received, reviewed and no concerns are identified, then the physician will be transitioned to a regular licence.

2024 Saskatchewan Licensure and Corporation Permit Renewal Update

Thank you for completing your 2024 renewals! CPSS would like to thank those of you who completed your renewal submission by the stated deadlines. This year, we had:

- 91% of physicians submit their Licensure renewal form by the November 1 deadline.
- 93% of physicians submit their Corporation Permit renewal form by the November 16 deadline.

Additionally, almost 300 physicians have taken the time to complete the brief Licensure renewal survey. From this:

- 73% report their Licensure renewal and Corporation Permit renewal took no more than 15 minutes to complete.
- 91% report being satisfied with their Licensure Renewal experience whereas 87% reported being satisfied with their Corporation Permit renewal experience.

This survey provides us with important feedback that helps to inform our ongoing efforts to improve the renewal experience each year. We look forward to continuing to make the annual licensure renewal process in Saskatchewan one that is quick, easy and relatively stress-free.

Are you a Resident who will be completing your residency in 2024?

If you are a Resident who will be completing your training program in 2024, we strongly encourage you to submit your licensure application early through physiciansapply.ca. This can be done as early as within the months of January – March, 2024. This will help to ensure the CPSS has sufficient time to obtain all documentation needed to issue your licensure in July.

Please note - You do not need the results of your specialty exams to apply.

To apply for a licence:

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



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

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



Have you recently received notice that you passed your Certifying Exam?

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

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

As always... Have you recently moved? Please let us know!

If you are moving your personal residence, office or planning to leave your practice, we ask that you reach out to the CPSS to let us know. This ensures that we have the correct information in our database.

Keeping this information accurate and up to date helps ensure you do not miss any critical communications and that information remains accurate for patients, stakeholders and funders through their use of the CPSS Website and the Physician Directory.

Please email cpssreg@cps.sk.ca if you have an update to share!!



Debra-Jane Wright

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

Physician Health



It's time to say Goodbye: A message to physicians from Brenda Senger

It's time for the old gal to step down! As many of you are aware, I am retiring in December 2023.

I would like to take this opportunity to express my deepest appreciation to all the medical learners, physicians and their family members who have allowed me to be part of their journey. What a gift and a privilege being allowed into people's lives during their most vulnerable moments. I have been part of your tragedies and your victories – I feel forever honored by your trust in me.

I'm also appreciative of the relationships and the support that I have received from the Physician Health Committee, the Saskatchewan Medical Association (SMA), the College of Physicians and Surgeons of Saskatchewan (CPSS), the Saskatchewan Health Authority (SHA), and the College of Medicine. Without this support, we would not have accomplished all the great things that we have done. I am always amazed by the dedication and energy the profession of medicine demonstrates each and every day. Despite the challenges, you have proven to be a most resilient group.

As I enter into retirement, I'm reflecting on things I have learned to be truths.

- *In our work, our friendships, and our intimate relationships, we always get exactly what we settle for. So set the bar high - without apology - and do not settle for mediocrity.*
- *Don't trade your authenticity for approval. Life is too short to be beige.*
- *If you're working harder than the patient, you're doing it wrong.*
- *We are caregivers, not caretakers.*
- *Find every opportunity to laugh!*
- *Celebrate everything.*

I now leave this work and its privilege in the hands of the new great team at the SMA.

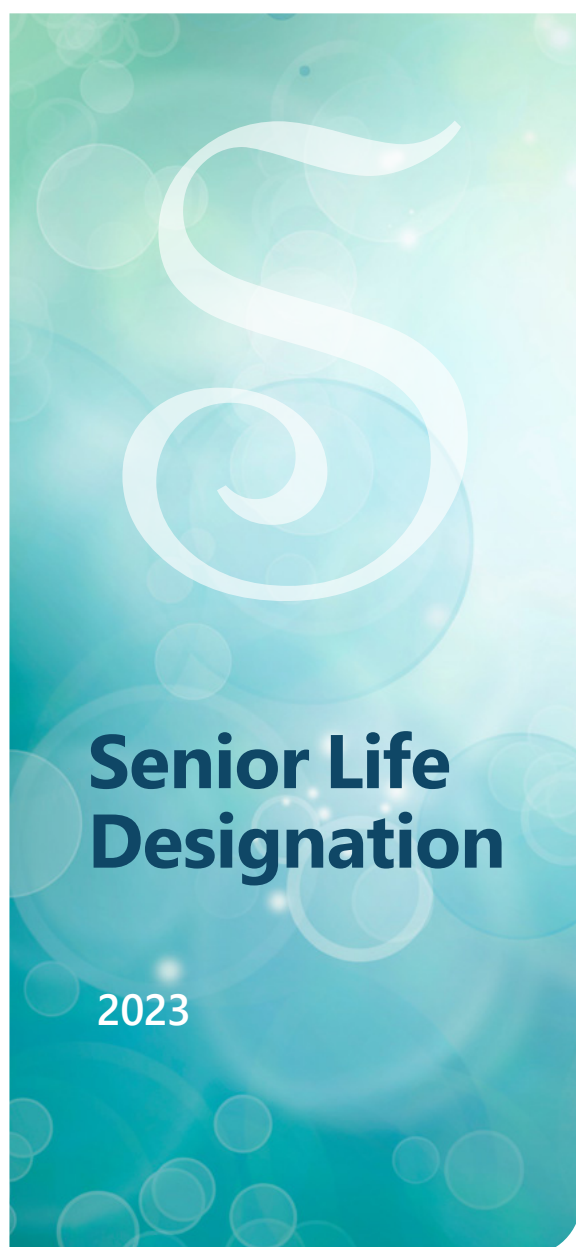
To all of you – GO BE AMAZING!



Brenda Senger

Director, Physician Health Program
Saskatchewan Medical Association

Awards & Recognition



Senior Life Designation – Who are the 2023 recipients?

An award presented by the Council and the College in recognition of 40 years of fully licensed practice of medicine in the Province of Saskatchewan.

Senior Life Designation is awarded to physicians who have been licensed on a form of postgraduate licensure in Saskatchewan for a cumulative total of 40 years,*

Senior Life designation is honorary only. It conveys no right to practise medicine in Saskatchewan, to hold office or to vote. A physician may concurrently hold Senior Life Designation and another form of licensure.

CONGRATULATIONS TO THE 2023 COHORT OF RECIPIENTS:

This year, we celebrate a total of six (6) members who have reached this remarkable milestone in 2023. Thank you for your hard work and dedication in providing healthcare services for the citizens of Saskatchewan for 40 years or more!

Dr. James Carter

Dr. Allison Christie

Dr. Barbara Konstantynowicz

Dr. Edward Ledding

Dr.Carolyn Lee Old

Dr. Heinrich Volker Rininsland

...continued...



Above: Senior Life Designation awards were presented to deserving members during a special Council banquet on November 24, 2023.. Pictured here are three recipients who were able to join Council for the event: (L-R) Dr. Allison Christie, Dr. Carolyne Lee Old, and Dr. Heinrich Volder Rininsland with Council President, Dr. Alan Beggs. Photo courtesy of Mr. Bryan Salte.



Celebrating 40 Years of Practice?

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

You may be eligible to be a recipient of the CPSS
Senior Life Designation Award
in 2024!

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



cps.sk.ca