



DocTalk 2021 - Volume 8 Issue 1

February 2021

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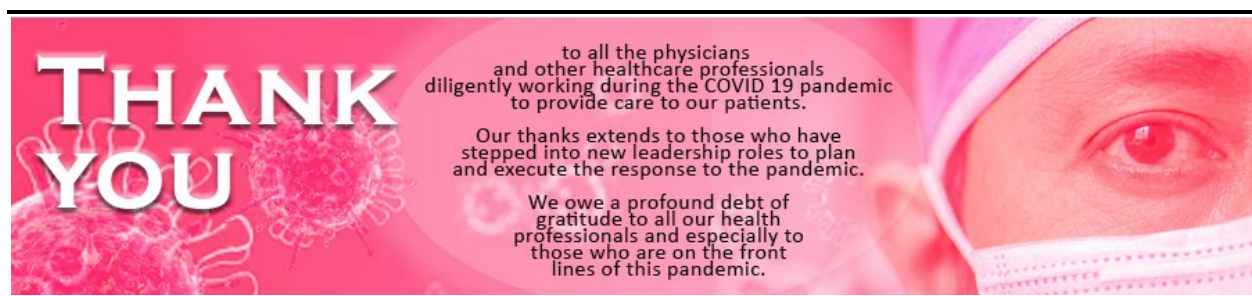
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Dr. Karen Shaw (Ad hoc)
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Caro Gareau

REVISION

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From the President & Registrar

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Message from the President of Council



February 2021

By: Dr. Olawale Franklin Igbekoyi, CPSS Council President

A Physician Must Lead

I would like to show my appreciation to my colleagues in Council for allowing me to lead the Council for the next year. It is indeed a significant milestone and learning curve for me, as a physician leader. I appreciate the support of our past president, Dr. Brian Brownbridge, and I absolutely value our Registrar, Dr. Karen Shaw, who is truly the epitome of excellence in professional regulation. I also respect our hardworking, devoted and committed College staff for attending to the College's business with attention to detail, always with public protection in mind.

A clause in my high school anthem reads -

"We lead and others follow; we must maintain a high standard."

As a paramount contributor to the esteemed profession of medicine, physicians must lead. Our professional role is pivotal to the delivery of health care to the people of Saskatchewan. Health is wealth and is essential for our individual development through our lifespan. In addition to this, our community health is vital for our corporate existence as a nation. It is also an essential determinant of our socioeconomic success. Because of this, I encourage us, as a physician group, to brace our hearts, discipline ourselves and deliver the highest standard of health care to the communities that we serve. Irrespective of your location within the health care systems, rest assured that you are critical to our overall success. Your contributions are significant to achieving our goal of a high standard of health care to our communities. Physician leadership demands sacrifice, striving for excellence and attention to detail. A physician must also be above reproach.

In whatever direction leadership may take us, whether leading up, leading sideways or leading down, we must show leadership to our team.

So much has been given and committed to our profession's hand, and to whom much is given, much is expected. I would therefore encourage physicians to pay attention to self-regulation. I believe that self-regulation is the hallmark of professional regulation. Regulate yourself by obeying the bylaws, policies, standards and guidelines set by the College, loving your communities, giving the best of health care to

the community you serve, loving yourself by choosing healthy lifestyles, and maintaining the right work-life balance.

I appreciate all our stakeholders and want to reassure them that we value and respect their opinions. To support our mandate of public protection, listening to all our stakeholders remains a key priority.

Finally, all physicians must comply with public health orders and encourage others to do the same, because this is the only measure to help our offensive and defensive strategies against the COVID-19 pandemic.



Dr. Olawale Franklin Igbekoyi is President (2021) of the Council of the College of Physicians and Surgeons of Saskatchewan and a Family Physician practicing in Rosetown.

Message from the Registrar



February 2021

By: Dr. Karen Shaw, CPSS Registrar & CEO

It's a New Year - Choose Hope!

"Once you choose hope, anything's possible." (Christopher Reeve)

Covid

As 2021 unfolds, I hope that we will continue to act with the best interests of the community in mind, and diligently practice the measures that help keep us all safe. May 2021 be the year that "normalcy" returns.

Thank you for your care of patients during these taxing times. It has not been easy, and at times I know it's been grueling; however, it appears we must persevere and continue our efforts for a while longer.

Patients rely on physicians for accurate information and their professional guidance. Be prepared to discuss vaccine hesitancy. Please help your patients understand the benefit of the vaccine by referring them to accurate sources of information about the vaccines. Please take every opportunity you can to reinforce to patients the importance of physical distancing, wearing masks, and hand washing in addition to being vaccinated. The Public Health Agency of Canada's resources on these issues can be found [here](#).

Refer your patients to the [CanadaCovid app](#) which has **both the Federal and Provincial Covid-19 updates** in one place. Also refer them to the [COVID alert app](#) which will alert them if they have an exposure to a recognized Covid-19 positive person.

Diversity, Equity, and Inclusion

COVID-19 is not society's or the CPSS's only current challenge. Concerns about racism continue to be reported in the media and in our communities. In addition to its existing Truth and Reconciliation Committee which deals with Indigenous disparities including racism, the CPSS Council has established a standing committee on diversity and bias. The initial focus of this committee's work is on anti-black racism. A [short report](#) from Dr. Oladapo Mabadeje, Chair, on this committee's work is included in this edition. While the initial work of this diversity and bias committee will address anti-black racism, we expect it will provide us a framework to address other types of discrimination and bias.

Strategic goals - where we hope to go by 2025

The College staff will continue to operationalize the strategic goals set by Council in 2020. They include:

Strategic Goal # 1:

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

Despite our best planning our licensure and corporation renewal platforms did not meet our expected standard. While many physicians expressed no concerns, a few had no end of difficulty and for that we are sorry. It was a frustration and disappointment for physicians and staff alike. We continue to incrementally strengthen our integrated information technology and management platform and will continue this work throughout 2021.

Strategic Goal # 2:

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

We are reviewing who does what assessment when, how do they all interconnect, do they measure what we need and what might be missing? Our work will be informed by the national physician competency taskforce.

Strategic Goal # 3:

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

We are starting to look at ways to improve supervision through the use of different tools and reporting templates, improved training and education for supervisors, use of MCC 360 with feedback to the candidate, and the consideration of repatriating the supervised year with SIPPA.

Strategic Goal # 4:

Optimal physician prescribing of opioids.

A 35 question Opioid Prescribing Self-assessment tool has been developed. A survey will be sent to physicians and the self assessment tool will be piloted in the Quality of Care work. We have partnered with the College of Medicine CME department to develop a proposal for a multidisciplinary opioid learning module.

Choose Hope

We have some challenging months ahead of us, but the work will be interesting and rewarding and will benefit from the input of many, including our three [new Councilors](#): Dr. Daniel Boye Adeboye, Dr. Amos Akinbiyi and Dr. Pamela Meiers.

We owe a debt of gratitude to the departing Councilors; Dr. Grant Stoneham, Dr. Pierre Hanekom and Dr. Prasad Bhathala Venkata. They served Council well and we wish them success in their new endeavours.

Keep warm, keep safe and choose hope.

Respectfully submitted,

Karen Shaw



Dr. Karen Shaw has served as Registrar and CEO of the College of Physicians and Surgeons of Saskatchewan since 2012.



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February 2021

By: Dr. Oladapo Mabadeje, CPSS Council Physician Member

Diversity and Inclusion to be Focus of New Committee

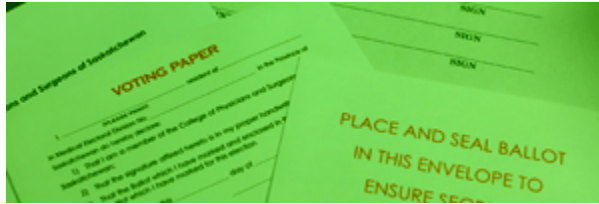
In response to expressions of concern that Council received in fall 2020, a committee was set up to look at the issue of diversity and bias in the medical profession. We realized that this would include an internal focus on the College's operations, processes and procedures and an external focus on how the College interacts with its members and the public.

The Committee decided that its mandate will be to support the College and Council in identifying barriers to diversity and inclusion in its operations, support the College in addressing the issues of racial discrimination through culturally appropriate complaints and investigation processes and support members of the College to improve their knowledge of diversity, bias and inclusion.

While the committee's initial focus was on racial diversity, at its last meeting, Council decided to make this a standing committee with specific terms of reference and an ability to look at the issue of diversity and bias in totality.



Dr. Oladapo Mabadeje is a General Surgeon practicing in Prince Albert and a physician member of the Council of the College of Physicians and Surgeons of Saskatchewan.



2020 Council Election Results: Meet Your New Councillors!

Five (5) areas were subject to nominations calls for Council elections in November 2020, with two areas going to ballot. Thank you to all the candidates as well as all the members who participated by sending in their ballots! Voter turnout reached 37% in the North-East Area, and 27.7% in Saskatoon. (By comparison, the latest voter turnout for the Saskatoon civic election was 27.4%, and for the Yorkton civic election was 26.5%.)

Council wishes to thank past Council members for their contribution during their term: Dr. Grant Stoneham, Dr. Pierre Hanekom, and Dr. Prasad Bhathala Venkata.

Congratulations to the two Councillors who have returned to the table: **Dr. Olawale Franklin Igbekoyi (South-West Area)** was elected by acclamation for a second term, and **Dr. Oladapo Mabadeje (North-West Area)** was re-elected for a second term.

Council also welcomes three new Councillors to the table:



Dr. Amos Akinbiyi
Regina Area (elected by acclamation)

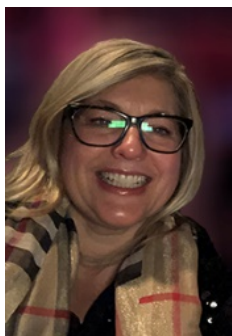
Dr. Akinbiyi has been a Clinical Professor of Obstetrics and Gynecology in Regina since July 1996. He has also been the OBGYN anchor representative for the Medical Council of Canada Examinations for the past 10 years. Dr. Akinbiyi is married with 4 children.



Dr. Daniel Boye Adeboye
South-East Area (elected by acclamation)

Dr. Adeboye has been a family physician in Estevan since 2018. He completed his MD in Russia and family residency in United Kingdom. He speaks Russian and English, is a Christian and married.

When he is not busy with medical practice or administrative duties, he enjoys his time running or listening to music. A strong believer in community engagement, Dr. Adeboye is instrumental to founding Estevan's first running group and is also a church volunteer.



Dr. Pamela Meiers
Saskatoon Area (elected)

« The practice of medicine, like all professions, is defined by our ability to self-regulate. This is a privilege that we are obliged to hold in the highest of integrity, honesty and respect for the protection of the public good.»

Dr. Meiers is a breast surgical oncologist at City Hospital and St. Paul's Hospital in Saskatoon. She has also assumed administrative, research, clinical and teaching roles in the past. She has a legal background, which gives her a unique and broad lens to view the medical profession and allows her to provide opinions related to patient and physician concerns, a skill she put to use by serving until recently on the CPSS Disciplinary Committee.



Link: https://www.cps.sk.ca/imis/CPSS/CPSS/For_Physicians/Awards_Recognition/Senior_Life_Designation/Biographies/2020Biographies.aspx



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February 2021

By Bryan Salte, Associate Registrar and Senior Legal Counsel, CPSS

Conscientious Objection in Medicine: Addressing conflict between patient rights and physician freedom of conscience

The Council of the College recently reviewed and updated the College's [Conscientious Objection Policy](#). The policy addresses the conflicts that can arise when a patient seeks medical treatment from a physician who has a conscientious objection related to providing that treatment or providing information about that treatment. Most often those conflicts relate to birth control or abortion, but can relate to other health services.

The policy addresses patients' rights to obtain legally permissible and publicly-funded services and patients' rights to obtain full and balanced health information, referrals and health services.

The policy also acknowledges that physicians' freedom of conscience should be respected.

The policy addresses how the conflict between patients' rights and physicians' freedom of conscience should be addressed.

The policy addresses the following expectations:

- Physicians cannot discriminate against patients by refusing to accept or provide care to patients based upon their age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status.
- While a physician may arrange for another healthcare practitioner to provide information to patients about topics to which they have a conscientious objection, if they choose to provide information, that information must be full and balanced.
- If a physician will not be providing a treatment to which they have a conscientious objection, they have an obligation to make an arrangement for the patient to obtain that treatment. That is generally done by arranging for the patient to meet with another physician or healthcare practitioner who does not have a conscientious objection.
- If a delay in treatment would cause harm to a patient, the physician must provide treatment even if it conflicts with the physician's conscience or religious beliefs.

The [Medical Assistance in Dying Policy](#) has a specific section which addresses expectations for physicians who have a conscientious objection to MAiD.

This article is only a summary of some of the expectations of the policy. Any physician who has a conscientious objection to providing certain healthcare services should review the entire policy carefully to ensure that they are compliant with the policy. All physicians who have a conscientious objection to providing certain healthcare services should have a plan in place to deal with patients who seek advice or treatment related to the physician's conscientious objection.



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



February 2021

By Bryan Salte, Associate Registrar and Senior Legal Counsel, CPSS

Conflicts of Interest in Medical Practice

The College has recently dealt with situations in which it appears that physicians may have engaged in a conflict of interest. The College has a [Conflict of Interest Guideline](#). The College also has adopted [Bylaw 9.1](#) addressing Conflict of Interest. That bylaw defines having a conflict of interest as unprofessional conduct.

Physicians must be particularly careful about their financial arrangements with individuals or organizations that provide services to or sell products to their patients.

The College wants to remind physicians of the following:

- Renting premises from a supplier who supplies medical goods or services to the physicians' patients (e.g. pharmacies) is a conflict of interest unless the rent is normal for the area and the rent is not related to the referral of patients.
- Receiving a benefit from a supplier who supplies medical goods or services to the physician's patients is a conflict of interest.
- "Steering" patients to a pharmacy is contrary to the Code of Conduct ([bylaw 7.2](#) "Respect for Others" paragraph (d))

Paragraphs 22 through 27 of *The Code of Ethics and Professionalism* of the Canadian Medical Association are incorporated into [College bylaw 7.1](#). Those paragraphs state:

22. Recognize that conflicts of interest may arise as a result of competing roles (such as financial, clinical, research, organizational, administrative, or leadership).

23. Enter into associations, contracts, and agreements that maintain your professional integrity, consistent with evidence-informed decision-making, and safeguard the interests of the patient or public.
24. Avoid, minimize, or manage and always disclose conflicts of interest that arise, or are perceived to arise, as a result of any professional relationships or transactions in practice, education, and research; avoid using your role as a physician to promote services (except your own) or products to the patient or public for commercial gain outside of your treatment role.
25. Take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to a third party when acting on behalf of a third party.
26. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees.
27. When conducting research, inform potential research participants about anything that may give rise to a conflict of interest, especially the source of funding and any compensation or benefits.

The College encourages physicians to review and be familiar with College bylaws and policies. They are available on the [College website](#).

We encourage any physician who has a concern about possible conflicts of interest to discuss those concerns with College staff.



Changes to Regulatory Bylaws

There were **no** changes to College regulatory bylaws since the last edition of the Newsletter.



Policy, Standard and Guideline Updates

*Council regularly reviews the policies, guidelines and standards which are then made available on the College's website. Since the last Newsletter, Council has adopted **one** new guideline and **one** new standard/guideline document, and has amended **two** policies and **one** standard.*

NEW! [GUIDELINE – Referral-Consultation Process](#)

Council approved a new guideline that establishes the College's expectations of referring physicians and consulting physicians when involved in the referral-consultation process, and identifies the guiding principles applicable in that process. The guideline is intended to help physicians understand their professional and ethical obligations when referring or accepting a patient for consultation. As a guideline, the document describes practices that are generally recommended by the Council as part of providing quality medical care in a professional manner.

NEW! [STANDARDS AND GUIDELINES - Methadone for Analgesia Standards and Guidelines](#)

Council approved a new standards and guidelines document addressing the use of methadone for analgesia. Methadone is a very potent synthetic opioid, effective for the management of severe pain associated with chronic conditions or cancer. However, given its potency and unique pharmacological properties, providers are often hesitant to maintain specialist-initiated therapy. This document, adapted

from the CPSBC guidelines and practice standard, is intended as a resource for physicians who prescribe methadone for pain management.

POLICY – Conscientious Objection

Council conducted a sunset review of this policy. It was amended to clarify that it does not apply to conscientious objection related to Medical Assistance in Dying, as that is addressed in the College policy “Medical Assistance in Dying.” For further information, see the article in this issue “[Conscientious Objection in Medicine: Addressing conflict between patient rights and physician freedom of conscience](#)”.

POLICY – Standards for Primary Care

Council conducted a sunset review of this policy. It was amended to address the “one issue per visit” approach taken by some clinics, clarifying that such a policy is inappropriate. Rather, if a physician or clinic has established a process to address patients who attend with multiple concerns, such process must include appropriate triaging of the concerns, with possible deferral of some concerns (if safe to do so) until another appointment. The policy was also amended to reference Bylaw 23.1 relating to the content of medical records as well as a number of relevant CPSS policies and guidelines.

STANDARDS - Assisted Reproductive Technology

Council conducted a sunset review of this standard. In addition to several minor amendments, the Council approved deleting the section on qualifications of assisting personnel, and instead added a requirement that the medical director shall ensure staff within the facility are appropriately trained and qualified.



College Disciplinary Actions

The College reports discipline matters in the next issue of the Newsletter after the disciplinary action is complete. The College website also contains information on discipline matters that are completed and matters where charges have been laid but have not yet been completed.

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

Dr. Thomas Coneys

Dr. Coneys admitted unprofessional conduct in relation to a criminal conviction for uttering threats against his domestic partner. The penalty order included a written reprimand and a requirement that he sign an undertaking.

Dr. Wasim Sheikh

Dr. Sheikh admitted unprofessional conduct in relation to charging two patients excessive amounts for surgical procedures, failing to report and explain to a patient information in pathologists’ reports, offering to perform a procedure he had not been approved to perform, failing to maintain appropriate records, and failing to deal appropriately with biopsy specimens. The penalty order included a written reprimand,

a one-month suspension, the requirement to complete courses in ethics and medical record-keeping, and payment of costs in the amount of \$28,947.79.

Dr. Tshala Tshiyombo

Dr. Tshiyombo was found guilty of six charges of unprofessional conduct by the Discipline Hearing Committee, as follows: 1) she failed to make appropriate arrangements prior to closing her clinic, including providing appropriate notice to her patients and arranging for access to patient records; 2) she provided false or misleading information to the College in relation to the pending closure of her clinic; 3) she failed to cooperate with an investigation by a preliminary inquiry committee; 4) she engaged in a pattern of rude, disrespectful and abusive communication with staff members and patients; 5) she directed staff not to conduct certain testing, to falsify records, and to conduct tasks that they were not qualified to perform; and 6) she forged or falsified a letter submitted to Employment Standards in response to a complaint by a former employee. The Council's penalty order included a reprimand, the revocation of Dr. Tshiyombo's licence, and a direction that she pay the costs of the investigation and hearing.



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February 2021

By Werner Oberholzer, Deputy Registrar

Physicians and Sensitive Exams

What can physicians do to ensure boundaries are respected and assist patients in feeling safe when a sensitive or intimate physical exam has to be performed? The College wishes to provide some guidance and resources for physicians in this article.

A sensitive/intimate examination or procedure ("sensitive examination") includes the physical examination of, or a procedure involving, the:

- genitalia (regardless of gender),
- rectum (regardless of gender), or
- female breast or the breast of a patient who identifies as female.

A patient's personal and cultural background, experiences, and gender issues may influence their own definition of a sensitive examination. As such, patients may include in their definition of a sensitive examination or procedure those that involve partial exposure or palpation of body parts in close proximity to intimate/sensitive areas, for example:

- exposure of undergarments,
- palpation of the groin or buttocks, or
- areas in proximity to the breast.

In addition, if the patient is asked to undress fully and put on a robe, or to undress from the waist down and cover with a sheet, this may also be considered a sensitive examination.

The competent and patient-centered performance of a sensitive examination requires both technical proficiency and superlative communication skills. The approach needs to be tailored to the patient's individual circumstances, taking into consideration such factors as their cultural background and needs, their level of knowledge and understanding of what is being proposed, and a trauma-informed approach to the exam.

Vulnerable patients (e.g., those who are known to be survivors of sexual abuse, intimate partner violence, and reproductive or sexual coercion; patients who are not fluent in English; or those who a clinician perceives to be particularly anxious) should be treated with empathy and the exam should be trauma informed. In these cases, any examination should be treated as a sensitive examination.

Before a sensitive examination:

- a. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.
- b. Be vigilant for verbal or nonverbal cues which may indicate that the patient is uncomfortable or hesitant and take time to address this before proceeding.
- c. Clearly explain what the examination may involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any possible pain or discomfort.
- d. Confirm that the patient understood the discussion. Obtain the patient's consent to the examination and record it on the patient chart.
- e. Even though not considered mandatory, offer the patient the choice to have an impartial observer/chaperone present during the examination. The physician should record any discussion about chaperones and the outcome in the patient's medical record. If a chaperone is present, the physician should record that fact and make a note of their identity. If the patient does not want a chaperone, the physician should record that the offer was made and declined. If a suitable chaperone is not available or if either party feels the chaperone is unsuitable, or does not wish to proceed without a chaperone, offer to delay the examination or refer to a colleague, provided that the delay will not adversely affect the patient's health (for example a medical emergency).
- f. Allow the patient time and privacy to undress and dress, and keep them covered as much as possible to maintain their dignity. An appropriate garment and covers should be provided. Avoid adjusting or removing a patient's clothing without express consent.
- g. Ensure as much privacy as possible in the examination location, both to visual and audible aspects.
- h. Prior to, during and following a sensitive examination, the physician should ensure that any questions/remarks cannot be construed as demeaning, seductive or sexual in nature; and explain why any questions relating to sexual matters are being asked so the intent of the history-taking is not misconstrued by the patient. Avoid sexual innuendo, sexually suggestive humor, and sexually provocative remarks in professional settings.
- i. Remain cognizant of the fact that the presence of students/learners also requires the patient's specific informed consent. Medical students and trainees should be educated about the inherent power imbalance in the patient-physician relationship, avoidance of sexually offensive or derogatory language, risk factors for sexual boundary violations, and procedures for reporting suspected misconduct.

During a sensitive examination, the physician should:

- a. Follow universal guidelines for use of Personal Protective Equipment (PPE), and always wear gloves.
- b. Be gentle, sensitive, and empathetic.
- c. Perform the exam with the minimum amount of physical contact required to obtain the information required for diagnosis and treatment.
- d. Stop the examination/procedure if the patient so requests.
- e. Pause the examination/procedure if there is a perception of undue pain or discomfort and review available options with the patient.

- f. Pause the examination/procedure if any difficulty in completing the process is encountered, explain why any changes to the scope of the examination are necessary and seek permission before proceeding.
- g. Limit any discussion relevant to the examination/procedure and refrain from making any unnecessary or personal comments.
- h. Be cognizant of how past trauma and cultural background may affect the patient's perceptions, reactions and understanding.

After the sensitive examination:

- a. Provide the patient with appropriate materials for cleaning and personal hygiene.
- b. Allow the patient time and privacy to re-dress.
- c. Discuss the clinical findings, again avoiding any language or remarks which may be misconstrued.

General remarks with respect to pelvic examinations:

Pelvic examinations in clinical settings are becoming relatively infrequent due to advances in diagnostic tests. However, for many physicians and patients, physical examinations remain a vital part of consultations. The [Canadian Task Force on Preventive Health Care](#) (CTFPHC) recommends not performing a screening pelvic examination to screen for noncervical cancer, pelvic inflammatory disease, or other gynecological conditions in asymptomatic women. This is a strong recommendation with moderate-quality evidence. However, it should be noted that a pelvic examination is appropriate in other clinical situations, such as for diagnosis of gynecological conditions when women present with symptoms or for follow up of a previously diagnosed condition.

Applicable bylaws and policies:

College of Physicians and Surgeons of Saskatchewan [policy: Sexual Boundaries](#)

College of Physicians and Surgeons of Saskatchewan [bylaw 7.1: Code of Ethics](#)

College of Physicians and Surgeons of Saskatchewan [bylaw 7.2: Code of Conduct](#)

Resources and references:

CPSBC: [Physical Examinations and Procedures video](#)

CMPA: [Recognizing boundary issues](#)

SOGC: [Guidelines](#)

ACHA guidelines: [Best Practices for sensitive exams](#)

GMC: [Intimate examinations and chaperones](#)

MDU: [Consent and intimate examinations](#)

CPSBC: [Boundary Violations in the Patient-Physician Relationship](#)

CPSO: [Advice to the Profession: Maintaining appropriate boundaries](#)

CPSA: [Personal & Sexual Boundary Violations](#)

CPSNB: [Sexual boundary violations](#)

CTFPHC: Recommendations for routine pelvic exams: [Canadian Task Force on Preventive Health Care](#)



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



Charting the course for your Virtual Care Visits

Virtual care has become a mainstay throughout this global pandemic and it has allowed us to keep our patients safe, while also being able to provide the ongoing care and support they need. Below are a few reminders on how to prepare for your next virtual care visit.

- Have you *documented* the reason for the visit and updated any patient demographic elements?
- Have you done your best to *authenticate* the patient's identity?
- Have you confirmed that you and your patient are in a *location* where private and confidential information can be safely shared?
- Have you helped your patient to understand the limitations and risks of a virtual visit and obtained *patient consent* to proceed?
- Once you have reviewed the patient complaint, have you considered if this concern is amenable to virtual care or whether the patient needs an in-person visit?
- Have you made sure to access the eHR-Viewer during the visit to review medication, results and reports?
- Have you done your best to keep detailed, high quality notes, consistent with the CPSS [Regulatory Bylaw 23.1](#)?
- Have you made sure to set up access to the Pharmaceutical Information Program (PIP) to ensure safe and secure prescription management is occurring?

If you wish to refresh yourself on these and other helpful tips, please refer to the [Practical Information Sheet for Virtual Visits](#) found on the CPSS website. In this guide you will find pointers on how to prepare for a virtual visit, practice considerations during a virtual visit, recommended platforms to provide virtual care, information on billing, access to standards, guidelines and policies as well as the Ministry of Health instructional guide to Virtual care.

REGISTRATION TIMES

DocTalk 2021 - Volume 8 Issue 1

February 2021

By: Debra-Jane Wright, Director, Registration Services

Registration Services continues to balance remote work - but we're still here to help!

To do our part in working to keep everyone safe during the COVID-19 pandemic, many of our staff continue to work from home, while a few essential staff remain within the office. Together we are working to ensure we can continue to meet your needs.

If you need assistance, we are still available by phone and email during normal business hours (8:30 a.m. – 4:30 p.m. Monday through Friday). We ask that if you are leaving a voicemail message, please help us to ensure quick follow up, by making sure to spell your last name along with your message. **Thank you and stay safe!**

Questions? Email the Director of Registration Services, Debra Wright, at debra.wright@cps.sk.ca



And That's a Wrap:

A close to our 2021 Annual Licence and Permit Renewal Season

Thank you for completing your 2021 renewal. Yes, we ask for a lot of details, but completing the annual renewal ensures we have information we need to support you in practice. It also provides us with your updated contact details so we can share with you the news that impacts your practice and patient care.

We also want to thank you for your patience, kindness and understanding as we progressed through our 2020 Renewal Process. In response to member feedback, the College underwent a complete revamp of the Renewal Platform and Payment process, with hopes of improving your experience and reducing the renewal burden for you. Unfortunately, we hit some unanticipated technical challenges with the newly deployed platform and payment cart. Thank you for working with us, as our team worked diligently with you and our IT Vendor, to resolve problems and ensure you were successfully licensed.

A closer look at 2021 renewal feedback

This year, approximately 900 physicians took the time to complete the brief feedback survey at the end of the Licensure and Corporate Permit Renewal process. We thank you for completing the survey and providing us with important feedback that will help us to drive continued improvements. We also recognize that there was variation in renewal experiences across our membership community, with some having a seamless experience and others not. Below is a brief look at what we heard through our survey respondents:

Physician Licensure Renewal

- 83% reported being '*Very Satisfied/Satisfied*' with this year's renewal experience
- 83% reported that the new platform was '*Very Easy/Easy*' to use.
- 91% reported completing their renewal process in '*30minutes or less*'.

Corporate Permit Renewal

- 78% reported being '*Very Satisfied/Satisfied*' with this year's renewal experience
- 74% reported that the new platform was '*Very Easy/Easy*' to use.
- 87% reported completing their renewal process in '*30minutes or less*'.

Many physicians across both the Licensure and Corporate renewal systems shared comments and frustrations that have been themed below. We are committed to use your feedback to help inform future efforts to improve the Platform.

Themes of recommendations for improvement:

- Earlier and more frequent renewal reminders
- Streamline questions to reduce redundancy and language complexity
- Improve Web Browser capability
- Explore ways to make it more user-friendly: larger Renewal Button, definitions for legal terms, look at username and password options.

Questions? Email the Director of Registration Services, Debra Wright, at debra.wright@cps.sk.ca



Interested in building your Supervision Experience?

We are always looking for and in need of Physicians who would be willing to act as a practice supervisor.

Serving as a Supervisor helps to build our provincial capacity to provide high quality health care services to our patients. If you have been practising with a regular licence for a period of three years or more, you may meet our requirements to serve as a supervisor.

Who would you supervise? New graduates who have not yet achieved all their examinations or International Medical Graduates who have completed the Saskatchewan International Physician Practice Assessment (SIPPA) Program and are not able to practise medicine independently unless a practice supervisor is willing and able to accept this responsibility. Your supervision can help support these physicians in continuing to provide clinical support to care, while they prepare to write their examinations or to successfully complete a Summative Assessment, that would deem them able to

independently practise. Serving as a supervisor for the College does not require direct observation and oversight, but rather is done so at arms length.

Practice supervision involves:

- Reviewing patient charts on a periodic and pre-determined basis, and typically through an EMR;
- Speaking with the physician being supervised to offer feedback, mentorship and encouragement to continue developing any notable areas of practice;
- Submitting reports on time, based on the Chart Reviews to the College.

Questions? Email the Director of Registration Services, Debra Wright, at debra.wright@cps.sk.ca



Registration Services - By the numbers

CPCs: Our department works hard to meet your Certification of Professional Conduct (CPCs) requests. In the 2020 Calendar year, the Registration Department **produced 789 CPC's**.

Corporations: We also take the lead in registering all new Professional Corporations applications and this year, we registered **125 new Corporations!**

SIPPA: We also have been busily working to help the Saskatchewan International Physician Practice Assessment (SIPPA) Program get set up for its next iteration, which is scheduled to **start on March 22, 2021 with 22 physician candidates**. A second iteration will begin in September 2021. Stay tuned!

Questions? Email the Director of Registration Services, Debra Wright, at debra.wright@cps.sk.ca

CONTACT INFO CHECK

PHYSICIAN & STUDENT MEMBERS:

Is your contact information up to date?

Have you moved or changed your email?
If so, let us know!

[Update contact information](#)



DocTalk 2021 - Volume 8 Issue 1



February 2021

By Dr. Saqib Shahab, Chief Medical Health Officer, Province of Saskatchewan

How to Support Your Patients: COVID-19 Update from Saskatchewan's Chief Medical Officer

As we approach the one year mark for COVID-19 in Saskatchewan, more people are expressing COVID-19 exhaustion. Whether this is following Public Health Orders, remembering to wear a mask or frustrations about life not going back to normal, it can be hard to remain vigilant. This is why it continues to be important for physicians to champion vaccination.

There is a lot of misinformation about the COVID-19 vaccines. The vaccines are safe, effective and have been fully tested and approved by Health Canada.

Saskatchewan is following all recommended dosing intervals, which have recently been extended to 42 days when necessary.

Here are some additional ways you can provide reassurance to your patients:

- Encourage patients to review information only from trusted sources, like the [COVID-19 Vaccine Information](#) page. This page includes fact sheets on vaccine safety and science that would be an easy read for your vaccine hesitant patients.
- Review the [Vaccine Delivery Phases](#) plan to see when a patient would be eligible to receive a vaccine.
- Remind eligible patients of [Vaccine Clinic Announcements](#) for when clinic appointments are available.

The Government of Saskatchewan's goal is to vaccinate all residents quickly when supply is available, following priority planning. It will be important to remind your patients that caution must be maintained post-vaccination until there is wide-spread vaccination. We are all so anxious to get back to normal but we all must hang on a while yet. This will take some time and continued vigilance but is vital to reaching our goal to keep our loved ones and communities safe.

Photo below: Dr. Saqib Shahab



By: Dr. Werner Oberholzer, Deputy Registrar, CPSS

CPSS Position on Ketamine Off-Label Use

Re: Ketamine/Esketamine administered in any form IV/Oral/Sublingual/Intranasal as treatment for mental health and chronic non-cancer pain diagnoses.

The CPSS has received questions regarding the prescribing and administration of Ketamine to patients with treatment-refractory depression and as a treatment modality for chronic non-cancer pain. [Download official letter](#)

This treatment is not yet fully supported by professional consensus or established clinical evidence, however, the College does not explicitly prohibit the off-label uses of medications, including Ketamine, as this may fall under research in approved clinical trials, evolving clinical practice and, occasionally, complementary and alternative medicine.

Physicians are reminded not to prescribe or practice a therapy that departs from prevailing medical practice unless they are able to demonstrate that the potential benefits of the therapy outweigh the risks.

Parenteral administration of Ketamine, including subcutaneous (SQ), intramuscular (IM), and intravenous (IV) as off-label use for depression and/or chronic pain management outside of a hospital or emergency room continues to only be permitted in accredited non-hospital facilities setting under the CPSS Regulatory Bylaw 26.1 Operation of Non-Hospital Treatment Facilities in the Province of Saskatchewan if the treatment produces sedation:

...

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

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

...

For all other forms of Ketamine (oral/sublingual/intranasal), caution is advised due to potential safety risks associated with off-label or inappropriate use of these products and others containing Ketamine. The College's [Complementary and Alternative Therapies policy](#) applies to physicians who prescribe or administer such treatment.

Please be aware that certain products like intranasal esketamine have [manufacturer specific guidelines](#). For example the guidelines for Spravato® state:

Intranasal esketamine (SPRAVATO®) has been approved for use in Canada following a Notice of Compliance from Health Canada. SPRAVATO® is indicated for use in combination with an oral antidepressant (that is either a SSRI or SNRI) for the treatment of major depressive disorder (MDD) in adults who have not responded adequately to at least two separate courses of treatment with different antidepressants, each of adequate dose and duration, in the current moderate to severe depressive episode. Psychiatrists may prescribe SPRAVATO® to patients who meet the appropriate criteria in a community setting, as long as they have appropriate training and knowledge and are doing so in accordance with requirements set out by Health Canada and the SPRAVATO® [Canadian product monograph](#). In settings where there is limited availability of psychiatry specialist care, and complex TRD patients are managed by family practitioners in consultation with a psychiatrist, the family practitioner could provide treatment under the same requirements.

Pursuant to the Canadian product monograph, SPRAVATO® is only available through a controlled distribution program called the Janssen Journey™ Program. The goal of the Janssen Journey™ Program is to mitigate the risks of adverse outcomes related to sedation, dissociation, blood pressure changes, and the risk of misuse and abuse.

- *SPRAVATO® can only be prescribed by a physician who is experienced and proficient in the management of major depressive disorder and enrolled in the Janssen Journey™ Program.*
- *Only pharmacists enrolled in the Janssen Journey™ Program can dispense SPRAVATO®.*
- *Physicians who prescribe SPRAVATO® and pharmacists who dispense SPRAVATO® must complete training on the risks of the product and agree to adhere to the requirements of the Janssen Journey™ Program.*
- *Prior to being prescribed SPRAVATO®, patients must be enrolled in the Janssen Journey™ Program.*
- *Prescribers must ensure that the patients are informed of and understand the conditions of use and risks of treatment with SPRAVATO®.*
- *SPRAVATO® can only be dispensed to sites of care where patients self-administer the product under the direct supervision of a health-care professional and are monitored by a health-care professional post-administration.*
- *Questions may be directed to Health Canada at hinfo.infosc@canada.ca, or the Janssen Journey Program at 1-833-257-7191 or online at www.JanssenJourneyHCP.ca.*

It is expected that the physician not only observe the patient, but have the necessary equipment and competence to manage any adverse reactions.

It is expected that patients be fully informed of the risks, benefits (and unknown nature of risks and benefits) of any off-label treatments, and particular attention should be paid to [informed consent](#) in these circumstances. Clear documentation with details of such discussions should be available on the patient's medical record.

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

We wish to remind physicians about the expectations that physicians only prescribe a drug if:

- they have the knowledge, skill and judgment to do so safely and effectively,
- they have appropriate training and competence, and
- they have immediate access to equipment used to manage any adverse events.

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

The College of Physicians and Surgeons of Saskatchewan has consulted with the College of Physicians and Surgeons of Alberta (CPSA), as they are currently evaluating standards for the prescribing and administration of Ketamine. The results are not expected for at least another 6 months. The College of Physicians and Surgeons of British Columbia's (CPSBC's) approach is generally the same as what the CPSS is advising. Should further evidence become available regarding the use of Ketamine, the CPSS may consider revising this guidance.

The CPSS acknowledges the use of the communique of the College of Physicians and Surgeons of Ontario (CPSO) and the CPSBC ([Ketamine and major depressive disorder](#) and [Clarification on College requirements for intranasal esketamine](#)).

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



LINK – Saskatchewan's Provincial Telephone Consultation Service now available

Saskatchewan primary care providers can call LINK to consult with a specialist regarding complex but non-urgent patient care.

The following specialties provide LINK services:

- Adult Psychiatry
- Child psychiatry

- HIV and HCV
- Nephrology
- Obstetrics and Gynecology
- Palliative Care (*currently available 24/7*)
- Reproductive Endocrinology and Infertility
- Urology

LINK is available 8:00 AM - 5:00 PM, Monday - Friday, excluding statutory holidays.

Call **1-844-855-LINK (5465)** to speak with a specialist.

To learn more about LINK and other referral-consultation tools, visit <https://www.ehealthsask.ca/services/Referral-and-Consult-Tools/Pages/LINK.aspx>

For questions or comments, please contact Trish Wolbaum at 306-787-3329 or by email LINK@health.gov.sk.ca

DocTalk



DOCTALK 2021 - Volume 8 Issue 1



February 2021

By Brenda Senger, Physician Health Program Director, Saskatchewan Medical Association

Grief & Hope

As we look back over 2020, the pandemic resulted in us having to grieve many things:

- Loss of control
- Loss of feeling safe at work and in the world
- Loss of the ability to touch/comfort our patients without wearing PPE
- The ability to have meals with our colleagues at the same table
- The loss of loved ones, colleagues and patients to COVID
- The ability to explore the world
- Loss of celebrations with family and friends
- The fact that disease can still outsmart medicine (for a while)

But 2021 offers us HOPE! The hope to:

- Hug someone without fear of contamination
- Receive way fewer emails
- Talk about something other than COVID 19
- Get vaccinated
- No longer have to get undressed, wash my hands and change my clothes before I can hug my kids after work
- Watch a movie on the big screen not Netflix
- Travel again
- Recognize all the skills and gifts I brought to dealing with the pandemic

- Have the ability to adapt to our new reality

It is not the smartest or strongest who survive – it is those who can adapt.

Stress is inevitable. Struggling is optional.

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

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



Brenda Senger

Director

306-657-4553

brenda.senger@sma.sk.ca

Jessica Richardson

Clinical Coordinator (Regina/South)

306-657-4553

jessica.richardson@sma.sk.ca