



DocTalk 2023 - Volume 10 Issue 1

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

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DocTalk



Message from the President of Council



By: Dr. Alan Beggs, President of Council

Changes Coming for 2023

Introduction

I am honored to have been elected as the President of Council. I last served in this role in 2017 and many things have changed in the intervening years. As the Council sets out on another year of work, we are facing an interesting year both locally and nationally.

New Registrar

The membership of the College will be aware that our Registrar, Dr. Karen Shaw, will be retiring as of July 1 of 2023. Over the last half of 2022, a search committee was struck to seek out applicants to fill the role of Registrar. Karen has provided such incredible leadership and stewardship of College resources over her years as Registrar that seeking a replacement was a daunting task, to say the least. In association with Boyden, a nationally recognized executive search firm, the search committee was lucky enough to obtain exceptionally high-quality applicants for the Registrar role. These applications came from within Saskatchewan and as far away as the East Coast. After many interviews and presentations, the search committee was able to offer the position to Saskatoon Area Chief of Staff Dr. Grant Stoneham. Grant has a long track record of clinical excellence as an interventional radiologist. In addition, Grant has served the Saskatchewan Health Authority (SHA) as Area Chief of Staff (ACOS) in Saskatoon. We are very pleased that Grant is no stranger to the Council. Grant has served the public of Saskatoon as a long-standing Councilor and President of Council in 2010 and 2015. We feel confident that Grant's proven leadership and his in-depth knowledge of College operations will permit an effective transition into the role of Registrar.

As one of the longer serving Councilors, I have worked beside Grant and Karen for over a decade. I look forward as President to helping Karen pass the torch to Grant. Truly, I cannot adequately express my admiration for Dr. Shaw. She has been a colleague, mentor, and friend for as long as I have been working with the Council. On behalf of the Council and the membership at large I would like to offer my sincere thanks for her tireless work on behalf of the public we all serve. A well deserved, healthy, and enjoyable retirement is our sincere hope for her in this next exciting phase of her life.

National Licensure

Many will be aware that there are substantial efforts being put forth in support of the development of a well-structured, cohesive and fair national licensure for physicians. This has been a matter on the national stage for years, but it seems to have finally gained sufficient traction to reach possible implementation. The CMA recently reported on widespread support for national licensure amongst physicians across the country. This is likely the case, but we must all take the time required to scrutinize this new model of medical licensure to ensure that it meets the needs of all practitioners and jurisdictions. Undoubtedly, national licensure will bring increased flexibility for physicians to work in multiple jurisdictions and move from province to province in a more seamless fashion. Certainly, this may be attractive to many, but there are some risks to smaller provinces and those with less favorable geographic factors, or remuneration models. There is no question that we are all proceeding along this road, we must however proceed with caution and careful consideration of both advantages and potential unintended consequences.

Regulatory Independence

Regulatory authorities across the country are witnessing a degree of governmental interest in the oversight of self-regulating professions that has never been seen in our history. As physicians, we enjoy the privilege of self regulation with Government maintaining an arms-length collaborative approach. Other jurisdictions have not been so fortunate to maintain such independence. Recent regulatory changes in British Columbia have reorganized all of the self-regulating professions into new groupings under new legislation. In addition, governmentally appointed oversight committees are being set up too with wide reaching powers over how many professions are allowed to self-regulate. While our own Government has not demonstrated any immediate intent to follow suit in taking over the regulatory process, they are watching the evolution of regulation in British Columbia with keen interest. Saskatchewan is a relatively small province, and the medical community shares an enviable collegiality as a result. As a profession, it is going to be very important that we collectively follow the changes to professional self-regulation on the national stage and ensure that we advocate for our profession and the public we serve to ensure that we maintain effective, independent self-regulation moving into the future.

We live in interesting times. We continue to slog through what we all hope to be the end of the pandemic. The Council remains focussed on our mandates of protecting the public and guiding the profession. As President for 2023, I am humbled to play my role in this journey. My sincere wish for your wellness in 2023 and beyond.



Dr. Alan Beggs is President (2023) of the Council of the College of Physicians and Surgeons of Saskatchewan and an Orthopaedic Surgeon practising in Regina.

Message from the Registrar



By: Dr. Karen Shaw, CPSS Registrar & CEO

The Physician Shortage and Routes to Practising in Saskatchewan

At a time of crisis in the healthcare system it is easy to criticize – it is not as easy to find the correct solutions for this complex problem.

The College is acutely aware of the shortage of physicians in our Saskatchewan healthcare system. We recognize it is a worldwide issue and not limited to Saskatchewan or Canada. We are all competing for the same pool of talent. We are in daily contact with physicians and are aware of the heavy workloads and see the consequences of stress and burnout.

Standards for licensure are like standards for the clinical practice of medicine. They may change in response to newer information. The speed of the change however is different. The standards for clinical medicine are evidence-based and change quickly. Legislation and bylaws govern the regulation of medicine and require time to change.

Health is a provincial matter and therefore the regulation of medicine is a provincial matter. Licensure in this province is set out in our regulatory bylaws, unlike for other Medical Regulatory Authorities (MRAs) where it is determined by Committee and policy. Our regulatory bylaws require government approval after stakeholder input. Council delegates licensure decisions to the Registrar. As the Registrar, I must apply the bylaws as fairly and consistently as is possible.

Over the last 10-15 years the College has collaborated with its sister medical regulatory authorities to achieve a national standard that sets the criterion for an unrestricted full/regular licence or for a provisional licence. This served to reduce the categories from 128 forms of licensure to four categories. This standardization was important to ensure that mobility through the Canadian Free Trade Agreement relies on the same standards for licensure in each province. What is currently happening across Canada in varying degrees is that medical regulatory authorities are responding to

direction from their governments on who to license. Several provinces are instituting legislative changes that enable government officials to determine who will be licensed, while other provincial regulators are being asked to do “work arounds” through policy changes which deviate from the national standards. The effect is the same – the criterion for licensure is not applied evenly, or consistently across Canada, therefore eroding national standards.

There are some who have proposed national licensure as a solution for our current challenges. There are a number of challenges if governments want there to be national licensure. The first is that there should not be national licensure without national standards for licensure. Even if it were constitutionally possible to have national licensure, it might make it easier for some patients to access care; however, it will be at the expense of other patients’ access. National licensure may allow providers to respond to an access issue momentarily, but it does not increase overall capacity as there are limited numbers of providers. As one of my colleagues states, “It’s like rearranging the chairs on the Titanic” and hoping for a better outcome.

Contrary to what you may hear in the media, the CPSS has been and continues to be flexible in its approach to licensure. We are monitoring what other MRAs are doing and considering whether we think it is appropriate to do the same. As a matter of urgency, I have requested that the Federation of Medical Regulatory Authorities of Canada (FMRAC) conduct an ongoing survey to serve as a fluid registry of the “work arounds” utilized in other provinces. Such a registry would serve to increase transparency and allow us to question whether our current standards are the correct ones. Unfortunately, this work has not yet come to fruition.

We are collaboratively working with our government to find ways to add capacity to our system by considering maximizing scopes of practice of other providers, adding new categories of providers, and supporting those currently working in the system as best we can while we wait for others to join.

We hear that the Medical Council of Canada Qualifying Examination I (MCCQE I) is a barrier. It is an examination at the level of exit from medical school and entry into residency. At present, it is a minimal standard for licensure for physicians regardless of where they obtained their medical education (unless they have passed American licensing exams acceptable to Council). We are currently monitoring what other provinces are doing; several provinces have relaxed the requirement for those who hold certification in a specialty. The Registration Committee and Council will continue to consider options.

Demonstrating English proficiency through English language examinations for licensure is thought by some to be a barrier. It is essential that healthcare workers, including physicians, are able to communicate effectively with patients and other healthcare workers.

We have accepted two additional tests of English language proficiency that are available online, to add to the one we currently use. While I cannot waive the requirement, I can substitute alternate means of proving the candidate’s ability to communicate in English, such as successful completion of Canadian high school English, secondary training in an English-speaking country (considering accepting secondary as well as primary training), successful completion of Canadian examinations in English, and practising medicine in English. We are working to change the list of accepted English-speaking countries by our national organization FMRAC, which currently restricts English-speaking countries to primary education rather than secondary education.

The main way a physician can achieve a full unrestricted licence in Saskatchewan is to meet the minimum criteria of training, good character, etc. as well as the LMCC (MCCQE I), and specialty certification. Those who cannot achieve the criteria for full licensure may receive a provisional licence contingent on meeting minimal requirements. We have a summative assessment process as an alternative to Canadian certification exams to achieve enduring licensure for those specialists who have foreign training. Foreign-trained family physicians may enter the SIPPA process and, if successful, may achieve a provisional licence and complete a summative assessment after a minimum time in supervised practice for enduring licensure. If they have achieved their certification examination, they will not be required to complete a summative assessment.

At the last Council meeting, Council determined it would consider a process to assist Canadian-trained physicians who have lost eligibility for their certification examinations. This aligns with what other provinces are doing. A prelicensure assessment is an underutilized process for the Saskatchewan Health Authority (SHA) to use to assess foreign trained specialists who are not eligible for the RCPSC certification process. This involves a 12-week assessment on an educational licence, and if successful, they achieve a provisional licence to work independently, while working towards the requirements to achieve an enduring form of licensure through summative assessment.

As Council and staff work with others to find ways to increase capacity of physicians in the system, we ask that you be willing to assist in assessment and/or supervision, so that these additional physicians integrate successfully into practice, to join you in the provision of safe care.

Respectfully submitted,

Karen Shaw



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

DocTalk



Council last met on January 27 and 28, 2023. The next Council meeting is scheduled for March 24 and 25, 2023. Agendas and Executive Summaries with information about the content of the open portion of Council meetings are available [here](#) on the College website.

Highlights from the last Council Meeting

- Council approved the following policies:
 - Withdrawal of Physician Services During Job Action
 - Medical Practice Observation Experience Guideline
- Council discussed a number of potential bylaw amendments which will be reported in future issues of DocTalk as they are approved by the Ministry of Health and published in the Saskatchewan Gazette. .
- Council asked the Registrar's Office to prepare a Risk Report for Council twice yearly.
- Council directed that Dr. Mehdi Horri would remain suspended until he enters into an undertaking approved by the Executive Committee or the Council.
- Council held elections for the Executive Committee. The results were:
 - President: Dr. Alan Beggs
 - Vice-president: Dr. Sarah Mueller
 - Members-at-Large: Mr. Lionel Chabot, Ms. Carolyn Hlady, Dr. Oladapo Mabadeje and Dr. Olawale Igbekoyi

New Members to Council

Council recently welcomed two new medical students who will be participating in Council meetings on a regular basis as Student Observer Members. **Ms. Rachel Cey** joined first on September 7, 2022, followed by **Ms. Indiana Best** on November 30, 2022. The Council looks forward to your contributions to Council discussions.

Meet also the newest elected Physician member of Council, from the South West Area:



Dr. Sivaruban (Ruban) Kanagaratnam

Physician Member

Dr. Ruban Kanagaratnam is a General Surgeon in Swift Current. He completed his residency training at the University of Saskatchewan and the Trauma and Acute Care Surgery Fellowship at the University of Toronto.

Since then, he has worked as a community surgeon in Newfoundland, Manitoba, and British Columbia. He has been active in research, medical education, and faculty development in rural settings.

He is currently completing the clinician educator diploma through the University of Saskatchewan, with plans to become the rural champion for medical education outside of the tertiary care setting

New Look for the CPSS

Council and staff have been working hard to develop a new, more modern look for the CPSS. Stay tuned for more, coming soon!





Expectations for Advertising by Physicians

*By Bryan Salte, Senior Legal Counsel, CPSS
and Sheila Torrance, Legal Counsel, CPSS*

The College expects that all physicians who advertise their practices are aware of, and comply with, the advertising bylaw which came into effect in December 2022.

Council adopted [bylaw 27.1](#) after reviewing the recommendations from a Council committee, and reviewing the advertising bylaws of other Canadian Colleges, and considering stakeholder feedback on the proposed amended bylaw.

Among the expectations established by the bylaw are the following:

- Physicians must be able to demonstrate that advertising is clear, factual and accurate.
- Advertising can only disclose identifiable information about a patient if the patient has consented in writing to the use of that information.
- Physicians must meet specific requirements to post photos or videos of patients.
- Advertising cannot refer to a specific drug, appliance or equipment.
- Physicians cannot use their name or likeness to promote a commercial product or a service provided by others.
- Advertising cannot provide an inducement for a patient to receive a medical service.
- Advertising will identify if any services that are offered are not publicly funded.
- Physicians will respond to a request from the Registrar to substantiate any advertising claim.

The College encourages any physician who has questions about a proposed advertisement to obtain advice from the College.

FAQs

As much physician advertising occurs in the realm of cosmetic/aesthetic medicine, we have compiled a list of frequently asked questions to provide some additional guidance for practitioners.

FAQ #1 – Bylaw 27.1(e)(viii) states that ads containing a reference to a “specific drug, appliance or equipment” is to be strictly avoided. Many cosmetic clinics mention various trademarked products and processes in their advertising (for example Botox, Dysport, Juvederm, CoolSculpting, IPL, etc.). Is this still permitted?

Response: No, this type of reference to a specific product is not permitted pursuant to the amended bylaw. Physicians will instead have to utilize more neutral descriptors such as “bioactive agents” in their advertising.

FAQ #2 – Am I still able to offer a special price/unit of Botox? How about a package that includes multiple treatment modalities for a package price? Or a 50% off promotion?

Response: Bylaw 27.1(m) states that physicians must not directly or indirectly participate in advertising that offers any inducement to a patient to receive a medical service. This prohibition specifically includes advertising of time-limited prices for a service (for example a 50% off promotion), discount coupons, gift certificates, “parties” where consultation or medical services are provided, etc. Offering a package price for multiple treatment modalities is likely not contrary to the bylaw.

FAQ #3 – Can my website still include an online store for purchase of products?

Response: Provided that the physician is in compliance with the policies [Sale of Products by Physicians](#) and [Complementary and Alternative Therapies](#), the advertising bylaw does not specifically preclude an online store. However, it is unclear how this could operate effectively without reference to specific drugs/products. While the College is not aware how many physicians currently offer an online store, if this is a broad-based concern, it may be necessary to take this question back to the Council for its interpretation whether this would contravene the bylaw.

FAQ #4 – Can my website include patient testimonials?

Response: Bylaw 27.1(g) includes requirements for a physician to include the name or identifying features of a patient. This can be done if a) the physician has obtained the patient’s prior written consent to use the information for advertising purposes; b) the physician does not offer any inducement (anything that persuades or influences) to the patient in return for consenting to use their information for advertising purposes; and c) the information disclosed is believed by the physician to be accurate.

FAQ #5 – Can my website include before and after photographs or videos?

Response: As set out in Bylaw 27.1(h), before and after photographs/videos can be utilized if the requirements are met. This includes ensuring they depict an actual patient who received the advertised medical services from the physician associated with the advertisement; portray an

outcome that can be “reasonably and typically” expected; are not manipulated to misrepresent results; and have consistent lighting, pose etc. to maintain standardization of images. De-identification is required unless the patient has specifically consented to be identified; specific rules for obtaining consent in this context are found in bylaw 27.1(j).

Bylaw 27.1(i) states that before and after photos/videos cannot be displayed in advertisements where members of the public are likely to see them unsolicited. In other words, they can be used on a website but should not be included on a billboard.

FAQ #6 – I am the medical director for a med-spa operated by a nurse, and I do not provide services at that facility. Can my name be used in advertising for the facility?

Response: No. Pursuant to bylaw 27.1(k), physicians’ names/likenesses may not be used in advertising for facilities where they do not personally provide medical services.

FAQ #7 – I provide medical services in a clinic owned by a nurse injector. The nurse/owner is responsible for the clinic advertising. Can I be held responsible for advertising that includes my name when I am not the clinic owner?

Response: It depends. Bylaw 27.1(q) states that a physician must promptly comply with a request from the Registrar to confirm whether a specific advertisement is made *by or on behalf of the physician*. Bylaw 27.1(p) states that a physician must ensure advertising done *on their behalf by a third party* complies with the bylaw. It is unprofessional conduct for a physician to advertise in a manner contrary to the bylaw or *to permit any clinic with which the physician is associated* to advertise contrary to the bylaw (bylaw 27.1(r)). This assumes the physician has some degree of control over the clinic and/or its advertising.

If a physician is simply working at a facility in which they do not have an ownership interest or managerial responsibilities, and do not have influence over the advertising, there is not a breach. If, however, the physician hires a communications company to do advertising on their (or their clinic’s) behalf, then the physician could be held responsible for such advertising.



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



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



Personal Health Information and the Fax Machine: Risky Business?

By Evan Thompson, Legal Counsel, CPSS

Fax machines are an increasingly rare sight in private enterprise but can still be found in just about every health care provider's office (lawyers' offices too, for that matter).

Once seen as a highly secure method of communication, some provinces are now pushing to remove fax machines from public service entirely, citing the unacceptable risks of misdirected faxes containing private information.

Here at home, the Office of the Saskatchewan Information and Privacy Commissioner (OIPC) recently [reported](#) on a misdirected Saskatchewan Health Authority (SHA) fax message that contained a patient's personal health information.

The matter was not an isolated incident; the OIPC has investigated more than 40 misdirected fax incidents involving the SHA since 2018.

Physicians are required under the Canadian Medical Association (CMA) [Code of Ethics](#) to protect the personal health information of their patients, and may have specific duties as a Trustee under the *Health Information Protection Act*.

Whether working in SHA facilities or otherwise, physicians must ensure that they and their staff adopt safeguards to prevent disclosure of personal health information. Faxes are a common problem area because of the potential for human error at multiple steps, including entry of the recipient's phone number or using a fax number that is out of date.

One of the suggestions made by the OIPC, when sending a fax to a physician, is to check the recipient's profile on the CPSS website [available from the Physician Search function [here](#)], as physicians are required to keep that contact information up to date.

While difficulties in sharing electronic medical records may mean the fax machine isn't going away anytime soon, proper precautions can prevent the disclosure of personal information and avoid a report to the OIPC and/or a complaint to the CPSS.

The CPSS documents [Privacy of Health Information](#) and [Physician Use of Electronic Communications](#) provide additional information, and the OIPC website provides detailed [guidelines](#) for sending personal health information via fax. The OIPC has also previously published a [Checklist for Trustees: Misdirected faxes](#) that provides supplementary resources.



Evan Thompson 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.

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

Regulatory bylaw 27.1 - Advertising

The Council approved an overhauled bylaw 27.1 addressing advertising. This followed extensive work by a committee that reviewed the advertising bylaws of other Canadian Medical Regulatory Authorities, and reviewed consultation feedback from stakeholder organizations and individuals on the proposed bylaw that had initially been approved in principle. All physicians who advertise their practices should review the bylaw as there have been material changes in the advertising rules. An overview is found in the article "[Expectations for physicians on advertising](#)" in this issue.

Regulatory bylaw 2.3 – Requirements and conditions relating to all forms of licensure and permits

This was a 'housekeeping' amendment to remove reference to the Medical Council of Canada Evaluating Examination (MCCEE) if licensure is achieved on or before June 30, 2019, as this is no longer applicable. This also required the renumbering of two paragraphs in bylaw 2.3.

Regulatory bylaw 2.13 - Podiatric Surgery Permits

As a result of the above amendment to bylaw 2.3, bylaw 2.13 also required a 'housekeeping' amendment to reference the correct paragraph numbers in the amended 2.3.



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

*Since the last edition of DocTalk, Council has updated **2** policies.*

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

Updated Policy – [Withdrawal of Physician Services during Job Action](#)

At its January meeting, after considering feedback from stakeholders, Council approved an updated policy *Withdrawal of Physician Services during Job Action* with a sunset date of 5 years. The approved amendments included the following:

- The addition of a definitions section, defining such terms as 'job action,' 'withdrawal of services' and 'urgent/care;'
- Enhanced expectations for patient protection in planning for and during a withdrawal of services during job action;
- A requirement that physicians intending to withdraw services during job action provide written notification to the CPSS, the SHA and (in some circumstances) the College of Medicine;
- Limitations on the ability of an entire group of physicians or physician clinics/divisions/departments to engage in a complete withdrawal of services;
- The addition of a role for CPSS to communicate with the physician(s) contemplating job action to encourage compliance with the policy and to protect public safety;
- An enhanced role for CPSS to evaluate the situation if it receives a complaint, and to act to prevent patient harm as its primary responsibility;
- An expectation that while considering the individual circumstances of a physician, the CPSS will consider whether imposing an obligation on that physician would result in the physician having an unsustainable or unsafe workload.

Updated policy – [Medical Practice Observation / Experience](#)

Also at the January meeting, the Council considered the committee's recommendations based on the stakeholder feedback that had been received. The Council adopted the amended policy (formerly a guideline) with a sunset date of 5 years.

Highlights of the updated policy include:

- Fundamentally, the policy permits a broad eligibility to observe physicians in clinical settings. This includes international medical graduates, medical students, university undergraduate students and high school students. In general, the Council felt that the profession should be welcoming to those who want to learn more about it, provided there are appropriate limits in place and that patient safety and privacy/confidentiality are protected.
- The policy establishes parameters for the participation of observers; supervising physicians are expected to apply their judgment and discretion to determine what involvement is appropriate for individual observers within those parameters, and of course subject to patient consent.

- The policy distinguishes between *curricular* clinical activities of medical students (which do not fall within the policy) and *non-curricular/co-curricular* clinical activities which are subject to the policy.
- The policy clarifies that observers pursuant to this policy are not required to have any form of licensure with the CPSS, and the CPSS will not issue a licence for that purpose.
- Expectations of supervising physicians have been grouped according to time frame (i.e., requirements related to patient consent, requirements prior to permitting an observer to participate, requirements during an observer's participation), focusing on items within the control of the supervising physician.



College Disciplinary Actions

College Disciplinary Actions

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

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

There have been **no** discipline matters completed since the last Newsletter report.

DocTalk



A Chat About Billing

Source: Dr. Carmel Overli-Domes, BSc, MD, CCFP, FCFP, Senior Medical Advisor, CPSS

The Joint Medical Professional Review Committee (JMPRC) is a physician peer-review committee that reviews the billing aspect of medical practice of fee-for-service physicians in Saskatchewan. The JMPRC is made up of physicians appointed by the Saskatchewan Medical Association (SMA), the Ministry of Health, and the College of Physicians and Surgeons of Saskatchewan (CPSS). Occasionally, there may be an additional temporary member appointed in situations where specific expertise is required.

The JMPRC has the authority to order recovery of a portion of a physician's billings that were paid by Medical Services Branch.

The JMPRC may also refer physicians to the CPSS. Most referrals are based upon JMPRC concerns that there is potential misconduct pursuant to *The Medical Profession Act, 1981*, or that there may have been substandard patient care.

Physicians have to bill services to MSB in accordance with the Payment Schedule when they have entered into a Direct Payment Agreement with the Ministry of Health. Medical Services Branch Payment Schedules, Operations Bulletins, Billing Bulletins, Newsletters, and billing information sheets are available on the [eHealth website](#).

Some tips:

- Remember - for a service to be an insured service, it must be medically required.

- Intent and purpose of the visit? Does the documentation in the medical record support the medical necessity of the visit? Be careful not to bill MSB for something uninsured.
- Ensure that the service for which the account was submitted is the service that was rendered
 - Code correctly. Be careful not to substitute codes, or upcode.
- Document appropriately
 - Do the medical records meet auditing and regulatory requirements? Thorough, complete, and accurate medical record keeping is important.
 - The College of Physicians and Surgeons of Saskatchewan [Bylaw 23.1](#) pertains to Medical Records.
 - Documentation requirements with respect to billing can be found in the Physician Payment Schedule.
- Establish appropriate practice routines

Remember, physicians are ultimately responsible and accountable for their billing regardless of who submits billing on their behalf.

Be aware that improper billing could lead to investigation of unprofessional conduct charges by the CPSS. Seek out billing resources when needed.



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



Some Common Complaints and Prevention

Dr. Carmel Overli-Domes, BSc, MD, CCFP, FCFP, Senior Medical Advisor, CPSS

One of the complaints more commonly encountered in the Quality of Care Department at the College of Physicians and Surgeons of Saskatchewan (CPSS) regarding physicians is the quality of the interaction and communication. This could be between the physician and the patient, or even sometimes the physician and another health care provider. How can you prevent these types of complaints from happening?

Good communication skills are essential in medicine. What you say, and how you say it are important. Thoroughly explaining, answering all questions, and making sure your patient understands are key parts of all patient encounters. Spend the time that is needed.

Sometimes complaints can come from other colleagues: nurses, physicians, pharmacists, and other members of the patient's health care team. Effective team communication is important.

The Canadian Medical Protective Association (CMPA) website has helpful advice on communication.

[Communicating effectively with patients to optimize their care](#)

[Patient Centered Communication](#)

[Leveraging the power of collaboration to foster safe care](#)

[Team Communication](#)

Practice management and access are other common sources of complaints to the CPSS. How can you prevent some of these common types of complaints from happening to you? Make sure your practice is covered appropriately.

[POLICY – Medical Practice Coverage](#)

If you're leaving practice, ensure to do so consistent with the CPSS Policy.

[POLICY: Physicians Leaving Practice](#)

Another issue that comes up in complaints at the CPSS is regarding completion of forms. Make sure you complete your patient's form appropriately and in a timely manner.

[POLICY – Completion of Third Party Forms and Certification of Work Absence / Accommodation due to Illness or Injury](#)

Remember to follow CPSS Policies. Be aware that amendments could occur at future reviews too. Amendments are always reported in the next issue of DocTalk after their approval by the Council.



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

DocTalk



UPDATE! Planning for CPSS data collection/compliance monitoring process related to the [Medical Practice Coverage](#) policy

Source: Sheila Torrance, Legal Counsel, CPSS

As reported in the November 2022 issue of [DocTalk](#) last fall, the CPSS Council directed the Registrar's office to create and embark on a process to collect data on physician compliance with the expectations of the [Medical Practice Coverage](#) policy. We anticipate this process will start in **March 2023**.

This will be an **educational process** and may also inform the upcoming sunset review of the policy.

As a reminder, **this will impact ALL physicians in Saskatchewan who are involved in direct patient care** [as defined in the [policy](#), this includes primary care physicians (including those working at urgent care/walk-in/episodic care clinics/virtual care services), and specialists/consultants providing care as part of a sustained physician/patient relationship].

Steps are underway to **randomly select physicians** from within general areas of practice; College staff will **call** those physicians' offices a) **during the daytime** to ensure calls are answered in a timely fashion and/or appropriate messaging is in place, and b) **after-hours** to ensure appropriate messaging is in place. As set out in section 3.1 of the [policy](#), messaging must provide clear, accurate and current information on:

- a) practice office hours;
- b) any office closures;
- c) any relevant coverage information (i.e. how the patient can access after-hours, non-emergent care); and
- d) instructions on how to access emergency care (i.e. to call 9-1-1).

In addition, messaging must confirm a mechanism is in place to communicate urgent lab or imaging results to the on-call physician or designate, as well as a mechanism for colleagues or associated health professionals to speak to the physician or designate if required.

We will report on the results of this data collection in a future issue.



Physicians' Reputations and Public Confidence in the Profession

Source: Dr. Olawale Franklin Igbekoyi, Past President & Physician Member of the Council of the CPSS

One goal of professional regulation is to ensure public confidence in the profession. Physicians serve the public and ensuring public confidence is vital to patient safety and satisfaction. Just imagine if the public doubted our ability to deliver safe and effective health care; this may lead them to hesitate to access and utilize health care resources that are meant to be at their disposition.

Our government agencies, healthcare administrators and physician leaders want nothing more than for the public to have confidence in the healthcare system's various equipment, infrastructure and human resources, including physicians and allied healthcare workers.

Good physician reputation is essential for public confidence in health care delivery. If the physician has all the degrees, certificates and fellowships but is lacking a good reputation, then he/she loses credibility within the profession and the public. Even if the physician possesses excellent skills, is a good diagnostician, delivers the best of lectures and is a gifted researcher, if for some reason they do not have a good reputation, it will diminish their accomplishments and may tarnish the image of profession.

According to the Oxford dictionary, reputation is defined as the beliefs or opinions that are generally held about someone or something.

Market Business News explains that reputation is other people's opinions about you – what they think of you and how they perceive you. Any person can have a reputation, as can a company, organization, government, and even a country.¹

Physicians must protect their reputation by appropriately abiding by the ethics that govern the profession, including our College bylaws.

¹ <https://marketbusinessnews.com/financial-glossary/reputation-definition/>

Members must be well-informed and responsible for applying appropriate billing practices. I encourage all physicians to educate themselves on billing codes and only submit bills for the medically necessary services provided. When in doubt, please call the appropriate authority to avoid any potential for criticism. Unfortunately, there are many examples of physicians who have tarnished their reputations because of inappropriate billing practices or failing to exercise due diligence over billing in their practices.

The CPSS is also clear about maintaining professional boundaries and emphasizes the critical importance of abstaining from sexual relationships with patients. The CPSS bylaws outline this explicitly, and anyone engaging in this type of behaviour damages their professional reputation, harms the patient in question, and impacts public trust in physicians. Members of the public and physician colleagues are encouraged to report any physicians suspected of having sexual relationships with their patients – in fact, physicians are ethically obliged to report such conduct.

While physicians have a right to their private lives, certain behaviours or actions in their personal lives could be deemed sufficient to tarnish the profession's reputation. In this situation, the offender will be held accountable. Members are advised to pay attention to comments and behaviours which might be perceived as disgraceful to the profession.

In this age of electronic media, it is important to pay attention to your online presence and reputation. Social media use and presence may also affect how the public views your professional credibility. Avoid words, pictures, and advertisement that deflate ethical values within the profession. Monitor your online reputation. A negative review because of an angry patient may paint you badly in the online world despite your best efforts to deliver the best care to your patients. However, the best way to address a less-than-desirable online rating is by continuing to engage in best practices and nurture a positive professional image.

The practice of medicine demands a highly skillful performance in patient care and robust ethical responsibilities through appropriate behaviours in work, personal life, and social media. Members must avoid sully the name of the College or the profession.

A word is enough for the wise. Guard your professional reputation.



Stay Smart with Sharps: Improving Needle Return Rates and Reducing Needle Litter in Saskatchewan

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

Whether you are prescribing injectable therapies or encouraging your patients to access needle exchange programs as a harm reduction approach, please consider discussing safe needle

disposal. Remind patients not to throw sharps in the garbage/recycle bin, not to flush sharps down toilets and not to throw sharps in bushes, parks or streets. Know the needle disposal sites in your area (e.g. pharmacies, needle drop boxes, needle exchange programs, clinics, etc.) and consider offering to write prescriptions for sharps containers as some programs (e.g. NIHB) will cover the cost of containers. Thank you for encouraging your patients to stay smart with sharps!



Practice Tools

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

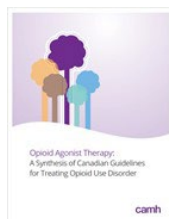
Source: Saskatchewan Prevention Institute

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

[Official news release and additional information](#)

Canadian Opioid Use Disorder Guideline

Source: Nicole Bootsman, OATP Program



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

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

LINK Telephone Consultations



Information courtesy of LINK

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

Stay updated on drug news in Saskatchewan and across Canada



Information courtesy of CCENDU

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

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

Health Accompagnateur Interpretation Services



Information courtesy of RSFS

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

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

Infection Prevention and Control - Link Letter



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

The MAC for Medication Assessment

Information courtesy of Dr. Katelyn Halpape



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

The MAC for Chronic Pain

Information courtesy of Dr. Katelyn Halpape



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

[Details](#)

DocTalk



Are you a resident completing training this year? Consider applying now for your licence!

If you are reading this, then it is likely that you are very near the end of your training. Congratulations, we know it has been a long road!

Starting Now – you can begin the process of applying for your licence. The earlier you apply prior to your scheduled start date, the better! Simply create an account on the **physiciansapply.ca website** (if you do not yet have one) at www.physiciansapply.ca.

Even if you don't yet have your exam results, you can still create your account and submit your application.

Please refer to our [Guide to Registration for Residents Completing Training](#), to help you navigate your way forward.

And.... if you have any questions, please do not hesitate to reach out and speak to someone in Registration Services. Please call (306) 244-7355 during office hours (8:30am – 4:30pm) and ask to speak to someone in Registration or email cpsreg@cps.sk.ca.

Planning to Moonlight during Residency?

Residents who plan to moonlight during the academic year must obtain permission from the Program Director at the Post-Graduate Medical Education (PGME) Office.

To request application forms and instructions, contact **Sam Curnew, PGME Electives & Administrative Processes**, at sam.curnew@usask.ca.

Moonlighting licences may be issued for the following periods:

- May 1 to October 31
- November 1 to April 30

To learn more, visit our [website](#).

Taking a Leave from your Supervised Practice?

If you are on a provisional licence, you should be aware that you must request permission from the Registrar for your leave, or your licence could be suspended. This pertains to leaves outside of your approved vacation allotment period such as: maternity/paternity leave, medical leave, family emergency or study leave.

We would ask that you connect with our office to advise us of your intention and dates of your planned leave, so we can help direct you to avoid any repercussions to your licence. Please email cpsreg-assess@cps.sk.ca for advice and direction.



Licensure in Saskatchewan: A Primer

We are aware of the current pressures on our health care system and understand how critical it is that we recruit and attract competent physicians to come work, live and hopefully play in our beautiful province. The Registration Services team is committed to working with you to support your recruitment efforts. One of the ways we hope to support you is by providing you with helpful and easy to understand information about licensure. This article is the first of a 4-part DocTalk series that will dive into licensure in Saskatchewan.

As a starting point, we thought we would introduce you to **Bylaw 2.3**, which outlines the **basic requirements for all forms of licensure** in Saskatchewan. Bylaw 2.3 is the lens that we, the regulator, must apply to all applicants interested in licensure in our province. The basic requirements provide a 'minimum bar' to ensure a physician has the knowledge and skill to provide safe and competent care to the people of Saskatchewan.

It does not matter if a physician is looking for an **educational licence** to participate in an assessment or training program, or a **provisional licence** to provide medical care while under

supervision or a full/**regular licence**, where a physician can work independently without any restriction. All applicants must first meet the non-exemptible standards outlined in Bylaw 2.3.

Bylaw 2.3 was built upon and in support of the 'model standards' or National Standards that were developed by the **Federation of Medical Regulatory Authorities of Canada** (FMRAC). These are the standards that each medical regulator across Canada committed to using to ensure transparency and fairness in the licensure process and to facilitate labor mobility across Canada.

So what are the non-exemptible standards?

1. **Are they of Good Character?** Through the collection of references, we look to determine whether applicants appear to practise with honesty, integrity and decency, whether they demonstrate sufficient skill, knowledge and judgement and whether they communicate effectively and demonstrate a professional attitude.
2. **Are they proficient in English?** For physicians trained outside of Canada, some may be required to complete an exam or provide evidence of English-language proficiency. This is most commonly required for those applying from countries where English is not identified as the first or native language.
3. **Did they graduate from a recognized and accredited Medical School?** For licensure, an applicant must have graduated from a medical school that has either been accredited or is recognized by the Committee on Accreditation of Canadian Medical Schools (CACMS), the Liaison Committee on Medical Education (LCME), the World Directory of Medical Schools published by the World Health Organization or the FAIRMER international Medical Education Directory (IMED).

Bylaw 2.3 also outlines the standards and qualifications additionally required, to help answer the following questions:

1. **Are they in Good Standing?** Through the collection of Certificates of Professional Conduct from other jurisdictions where an applicant has practised or is currently practising, we look to learn if the applicant has ever had a licence cancelled, suspended, limited or restricted or if they have had any claims, investigations or proceedings.
2. **Can their stated medical training be confirmed?** Through the collection of and process of source verification, we can validate their medical degree, medical transcripts, post graduate training certificates or specialty certificates.
3. **Have they sufficiently demonstrated their medical knowledge?** We determine whether the physician has passed the Qualifying Examination (Part 1) through the Medical Council of Canada, or an equivalent exam to confirm they are up to date on their medical knowledge and able to make sound clinical decisions.
4. **How long has it been since they've last practised medicine?** To ensure physician knowledge hasn't degraded, we require that a physician has had some independent practice within the last 3 years or at least 5 months in the last 5 years.

Once assessed against those elements above, an applicant must confirm they have liability insurance, establish their identity and confirm they have a job offer in Saskatchewan.

CONTACT INFO CHECK

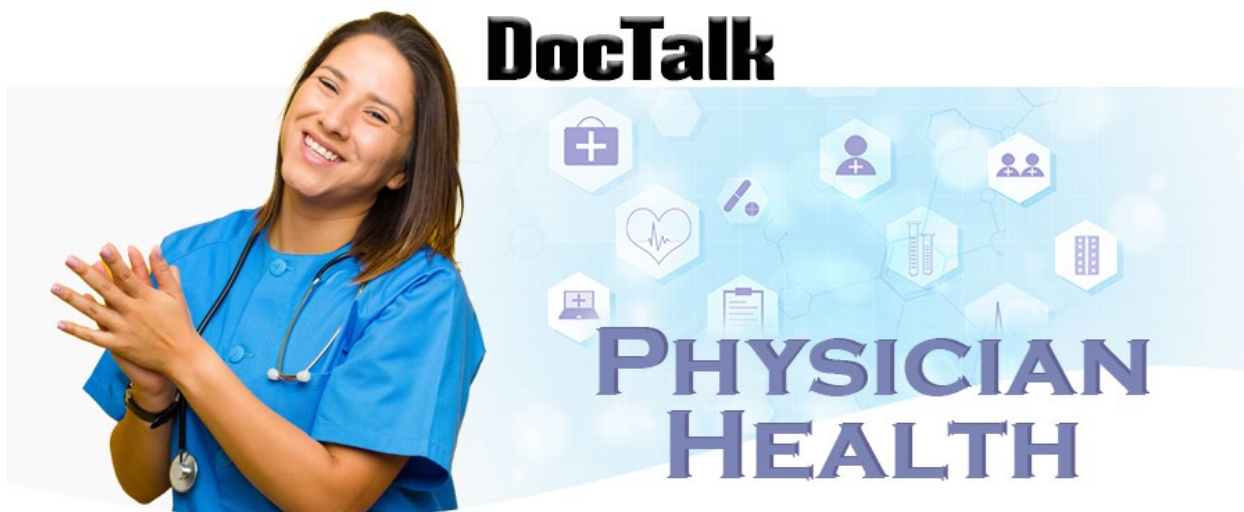
Have you moved recently or are thinking of retiring?

If you are moving your personal residence, office or planning to leave practice and retire, we ask that you please reach out to the CPSS to keep your College Correspondence and/or Office Address contact information up to date.

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

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

[Update contact information](#)



Introduction & New Role of Dr. Tracy Danylyshen-Laycock

Source: Saskatchewan Medical Association

Dr. Tracy Danylyshen-Laycock, Ph.D. has joined the Saskatchewan Medical Association (SMA) as the new Director of Physician Wellness and Support Programs. She brings with her a wealth of information and experience in mental health, system transformation, leadership, and program sustainability within health care. She has a Ph.D. in Health Sciences through the College of Medicine at the University of Saskatchewan. Her doctoral research focused on the relationship between leadership, facilitation, and the sustainability of a dementia specific training program for staff in rural long-term care homes. Specifically, Tracy studied how the Gentle Persuasive Approaches (GPA) training program changed how staff provide care to residents with responsive behaviours as a result of a dementia diagnosis. She has an advanced Honors Degree in Exercise Physiology from the University of Saskatchewan (BSPE), an undergraduate degree in Social Work (BSW) from the University of Regina, and a master's degree in Social Work (Anti-Oppressive Counselling) from Dalhousie University in Halifax, NS.



In her new portfolio, Tracy is responsible for the Physician Health Program (PHP), the Physician in Need Program (PIN), as well as the Medical Benevolence Society (MBS). She will be working with Dr. Nnamdi Ndubuka, Physician Advocate (Equity, Diversity, and Inclusion), as well as the two Physician Advocates within the Workplace Wellness Program. Prior to joining SMA, Tracy was a Director within the Saskatchewan Health Authority and worked in various programs across her 22-year health care career. If you require assistance from the PHP, PIN, MBS, or the Workplace Wellness Program, please visit the Physician Support profile on the SMA website for further information.

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.



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Clinical Coordinator

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Jessica Richardson

Clinical Coordinator (Regina/South)

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Brenda Senger

Director

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Senior Life Designation Award

CELEBRATING 40 YEARS OF PRACTICE?

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

Think you may be eligible to be a recipient in 2023?

CONTACT

OfficeOfTheRegistrar@cps.sk.ca

or call **306-244-7355**