CPSS College of Physicians and Surgeons of Saskatchewan

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doctalk

Changes to HIPA

New Trustee Reponsibilities

Addressing Discriminatory Practices

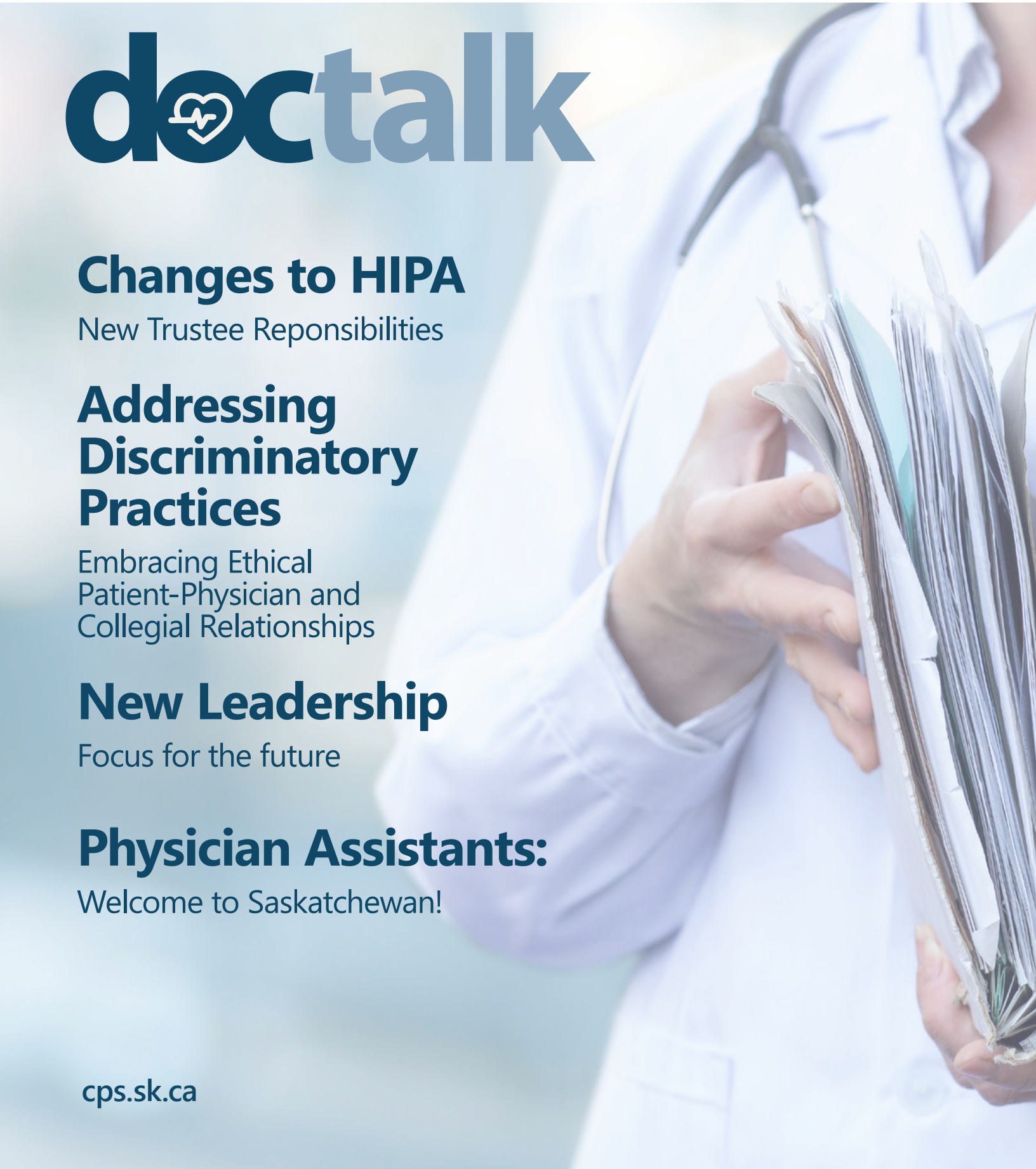
Embracing Ethical Patient-Physician and Collegial Relationships

New Leadership

Focus for the future

Physician Assistants:

Welcome to Saskatchewan!



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From the President and Registrar

Dr. Alan Beggs
CPSS Council President

Dr. Grant Stoneham,
CPSS Registrar & CEO

Message From the President of the Council

By Dr. Alan Beggs, CPSS Council President

WHAT'S ON THE HORIZON FOR THE CPSS?

A New Registrar

As last quarter of the year rolls in, Council can look back on a productive first three quarters of 2023. The single biggest event this year was our transition between Registrars. After many years of service, Dr. Karen Shaw officially retired as of June 30. There was a wonderful retirement dinner which was attended by family, friends, Councillors and College Staff. There was much laughter and a few tears as we wished Karen the very best for what is to come.

Dr. Grant Stoneham has settled into his new role as Registrar over the last several months. Grant's long experience with the College and medical leadership have allowed for a very natural transition for him.

Awaiting Possible Changes to Provincial Regulatory Legislation

As we settle into the fall, there are a few things on the horizon worth noting.

In the Spring of 2023, the Government of Saskatchewan announced it was about to undertake a substantial 'modernization' of the various acts which govern the many regulated health professions. There was an initial notice that meetings would be held to discuss the proposed changes, although draft legislation had not been widely distributed. Stakeholder meetings were cancelled due to some provincial by-elections, and thus far, have not been rescheduled.

The College recently received the draft legislation. If adopted, it will mean very significant changes in how the College operates and in the government's ability to oversee College activities.

ADR and the Role of Undertakings

The Council and the Executive Committee have been very busy with what seems to be an ever-increasing number of discipline matters. In an attempt to increase efficiency in the management of discipline matters, the College trialed and then adopted bylaw amendments to create the position of a 'hearing

administrator'. This position has proven to be remarkably effective in maintaining the efficient flow of discipline matters once charges of unprofessional conduct have been laid. Further efficiencies have been observed by the increased reliance on Alternate Dispute Resolution (ADR) agreements which involve physicians signing specific undertakings meant to remedy problematic behaviors via education, reporting or restrictions. Such undertakings have proven to be a very positive means of managing complaints that rise to the level of formal discipline while avoiding the need for expensive discipline hearings and Council penalty hearings. Like any new process, there have been some learnings. The Executive Committee has noticed that in several cases, physicians who practise under the terms of an undertaking have been challenged to meet the terms of the undertaking within the timeframe required. In such cases, it has been important for the Executive Committee to apply the principle of general deterrence, which means that physicians who default on the terms of undertaking are subject to further discipline. This may seem overly punitive, but the advantages to the physician member of being able to access an ADR can only be maintained if the physicians respect the terms of the undertakings. We hope that as more physicians are made aware of ADR processes, there will be a general consensus as to the seriousness the ADR process is held by the Council and the membership at large.

On a final note, none of us needs to be reminded that COVID is still very much with us. Stay safe, get your vaccinations updated, and encourage your patients to do likewise. Stay well.

Dr. Beggs is President of Council (2023) and an orthopedic surgeon who practises in Regina. He has served on Council and its committees in various roles for many years, including previously as President of Council.

Message From the Registrar

By Dr. Grant Stoneham, CPSS Registrar & CEO

NEW LEADERSHIP: FOCUS FOR THE FUTURE

Hello to all the physicians, residents and medical students practising and learning in Saskatchewan! I am the new Registrar and CEO of the College of Physicians and Surgeons of Saskatchewan. For those of you who don't know me, I want to take a bit of time to introduce myself.

I grew up in Saskatoon where I attended public and high school. My initial university degree was in Mechanical Engineering at the University of Saskatchewan, and I subsequently worked as an Engineer for a number of years in Alberta. I was then accepted for my medical training at the University of Calgary and

completed a rotating internship at the Rockyview and Holy Cross Hospitals in Calgary. My wife and I returned to Saskatoon for my residency in Diagnostic Radiology, which was followed by a fellowship in Vascular/Interventional Radiology at the Mayo Clinic in Rochester, Mn. We then returned to Saskatoon where we have both been kept busy practising medicine and raising our family of three wonderful daughters.

I have been very lucky to have been involved in many areas of Radiology locally, provincially, and nationally, as well as in a number of academic and professional roles. I have had roles on the specialty committees for Diagnostic Radiology and Interventional Radiology at the Royal College of Physicians and Surgeons of Canada, as well as in our residency program as the Program Director. I have been involved with the College of Medicine as an Associate Dean, and most recently was the Lead Area Chief of Staff (ACOS) for the Saskatoon Area.

One of my main areas of interest has been in the regulatory side of medicine, and I was fortunate to have been elected to the Council of the CPSS for a number of years, serving as President of Council for two terms.

I am really looking forward to my tenure as Registrar and CEO of the CPSS! It is my perspective that the CPSS should be helping all physicians to practise ethically, responsibly and to ensure that our physicians continue to be held in high regard as professionals within our province, nationally and internationally by our health care colleagues and members of the general public.

We are living in extremely interesting times from a regulatory perspective. Given the acute needs of the health care system, the Saskatchewan College of Physicians and Surgeons is consistently being encouraged to examine our processes and standards with a view to facilitating alternate routes to licensure. It will be my plan to be flexible and open to new approaches to these issues, while continuing to maintain the standards and quality necessary to ensure "Public Protection", which is the Council's highest priority.

I would like to take this opportunity to thank the previous Registrar, Dr. Karen Shaw, for her dedication and hard work during her many years of service to the College. During these challenging times, my aim is to continue to provide the leadership necessary to support the CPSS mission which is "To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care."

Dr. Grant Stoneham is the new Registrar and CEO of the College of Physicians and Surgeons of Saskatchewan since July 2023.

Council News

Council Meeting Highlights

MEETING OF SEPTEMBER 22-23, 2023

- A provision in the administrative bylaws was made to continuously allow for an Indigenous member to sit on Council.
- Council appointed a committee to review the policy "Prescribing: Access to the Pharmacy Information Program /eHealth Viewer" and to determine what expectations there are of physicians to access those resources in connection with their prescribing.
- Council approved amendments to bylaws, policies and guidelines as outlined in the Legally Speaking section of this issue.
- The 2024 budget and an amended registration and renewal fee bylaw were approved.
- Council approved in principle for the purpose of consultation an amendment to bylaw 2.11 (Licensure for virtual care) to exempt physicians from bordering communities who provide virtual care to existing Saskatchewan patients.
- A proposal was approved to allow anaesthesia pre-licensure assessments to be done in Regina in addition to Saskatoon.
- To increase its level of awareness and understanding and to better inform decision-making processes, Council will be undergoing 5 one-hour sessions of anti-racism training in 2024.

The Annual General Meeting

The 2023 Annual General Meeting will be held on November 24, 2023 from 12:00 to 12:15 during Council's regular meeting.

If you are interested in attending in person or online, please RSVP to OfficeOfTheRegistrar@cps.sk.ca.

Please note that in-person seating is limited.

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Council Elections

This year, elections will be held for a position on Council for a member from the Regina Area. Members from this area will receive a ballot via conventional mail and must mail their completed ballot or deposit it in person to the CPSS by **November 28, 2023**.

If you believe you are eligible to vote in this area, have not received a ballot and would like to vote in the election, please contact the Office of the Registrar by email at OfficeOfTheRegistrar@cps.sk.ca as soon as possible.

Communicating with Physicians Survey

In the spirit of continuous improvement, a survey was conducted in September 2023 to solicit feedback from Physician members of the College regarding the current communication strategies employed was conducted in September 2023. Council and the governance committee working group would like to sincerely thank those who took the time to respond to the survey for their interesting feedback and ideas.

Look for Council's response to your feedback in the next issue of DocTalk!

Legally Speaking

Changes to the Health Information Protection Act: New responsibilities for Trustees

In Saskatchewan, the Government has introduced new regulations under **The Health Information Protection Act***, impacting physicians who have custody or control of medical records (referred to as "trustees" in the legislation).*

The key requirements physicians need to adhere to are as follows:

1. Employee Training and Confidentiality Agreements

Trustees must ensure compliance with the Act by their employees. This involves providing orientation and ongoing training on policies and procedures related to the protection of personal health information. Additionally, each employee must sign a confidentiality pledge acknowledging their obligation to follow these policies and their understanding of the consequences of breaching them.

Reference to *The Health Information Protection Regulations, 2023*:

5 To ensure compliance with the Act by its employees, a trustee that has custody or control of personal health information must:

(a) provide orientation and ongoing training for its employees about the trustee's policies and procedures respecting the protection of personal health information; and

(b) ensure that each of its employees signs a pledge of confidentiality that includes an acknowledgement that the employee:

(i) is bound by the trustee's policies and procedures mentioned in clause (a); and

(ii) is aware of the consequences of breaching those policies and procedures.

2. Retention and Destruction of Patient Records

For physicians with both electronic and paper records, there are specific rules regarding the retention and destruction of patient records. This includes requirements to:

a) unless the trustee has a retention policy that sets out each category of document and when that category of document will be destroyed, a requirement to retain records for at least 10 years after the last episode of care or until age 20 if the patient is a minor,

b) ensure secure storage and destruction procedures to minimize unauthorized access and disclosure.

c) maintain detailed records of the destruction process,

d) have a privacy policy for patient records. The regulations add additional requirements for these policies, including the option to extend the retention period to 10 years or providing detailed information about when and why records can be destroyed.

Reference to *The Health Information Protection Regulations, 2023*:

6 For the purposes of clause 17(1)(a) of the Act, a written policy concerning the retention and destruction of personal health information must include:

(a) either:

(i) a requirement that personal health information be retained by a trustee for at least 10 years after the date of the last episode of care or until age 20 if the subject individual is a minor, whichever period is longer; or

(ii) a retention schedule that sets out:

(A) all legitimate purposes for retaining the information; and

(B) the retention period and destruction schedule associated with each purpose set out pursuant to paragraph (A);

(b) measures to provide for the secure retention and destruction of records to minimize the risk of any unauthorized use or disclosure of, or unauthorized access to, personal health information; and

(c) a process to keep a record of:

(i) the name of each individual whose personal health information is destroyed;

(ii) a summary of what personal health information was destroyed;

(iii) the time period of the personal health information;

(iv) the method of destruction of the personal health information; and

(v) the name and job title of the individual responsible for supervising the destruction of the personal health information.

3. **Written Agreements with Information Management Service Providers (IMSPs)**

   Many clinics have agreements with organizations or individuals for IT support and record management. The regulations define IMSPs broadly, encompassing those who process, store, archive, or destroy records containing personal health information. Written agreements with IMSPs must include a description of the services, security obligations, provisions for destruction of personal health information, restrictions on use and disclosure of information, compliance with the trustee's terms, and prompt notification of any breaches.

These regulations aim to strengthen the protection of personal health information and ensure compliance with privacy standards. Physicians should be aware of these requirements and may find sample privacy policies from the Saskatchewan Medical Association helpful in developing their own policies.

Mr. Bryan Salte

Bryan Salte is Associate Registrar and Senior 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 **four** changes to College regulatory bylaws since the last edition of the Newsletter.*

Regulatory bylaw 2.4 – Requirements Relating to Regular Licensure and Regulatory bylaw 2.14 – Grant of Renewal of Licence or Permit in Extraordinary Circumstances

The Council adopted amendments to bylaws 2.4 and 2.14 to allow Canadian-trained physicians who have lost eligibility to challenge the examinations of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada to apply to Council for a summative assessment. Bylaw 2.14 sets out the factors to be considered in determining whether a summative assessment will be granted, and what that assessment may include.

Regulatory bylaw 2.3 – Requirements and Conditions Relating to All Forms of Licensure and Permits

The Council adopted amendments to bylaw 2.3 to allow the Registrar to accept alternative proof of medical knowledge in addition to successful completion of the Medical Council of Canada Qualifying Examination Part 1 (MCCQE1) or the medical licensing examinations in the United States of America

acceptable to the Council.

Regulatory bylaw 2.13.1 – Physician Assistants

Following the recent amendment of The Medical Profession Act, 1981 to authorize licensure of physician assistants by the CPSS, the Council amended the regulatory bylaws to include bylaw 2.13.1 respecting the licensure of physician assistants. The bylaw details the requirements for licensure including the requirement to submit a practice description and a contract of supervision with a licensed physician, and also details the duties of a supervising physician.

Policy, Standard and Guideline Updates

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

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

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

UPDATED POLICY – Virtual Care

At its September meeting, the Council considered an updated version of the policy formerly entitled "The Practice of Telemedicine." The amended "Virtual Care" policy was adopted with a 3-year sunset review date. The amendments were largely based on the Virtual Care Framework prepared by the Federation of Medical Regulatory Authorities of Canada (FMRAC) virtual care working group. Following an adoption in principle of an earlier version of the amended policy, the College undertook consultation with stakeholders including Saskatchewan physicians and the public. One of the issues that was raised on consultation was the challenge facing physicians in border communities; if they are licensed and resident in the neighboring province but not licensed in Saskatchewan, they are then unable to provide virtual care services to patients in Saskatchewan despite the fact they may be their regular treating physician. As a possible solution to this issue, the Council approved in principle an amendment to regulatory bylaw 2.11[1]. ***Please keep an eye out for the invitation to participate in consultation on this proposed amendment – this consultation will be open in the near future and available on the CPSS website Consultations and Surveys page.***

The Virtual Care policy is intended to provide general expectations and a framework for physicians who choose to provide virtual care services from within Saskatchewan to patients either within or outside the province, or to Saskatchewan patients when the physician is physically located outside the province. Physicians are expected to apply their own professional judgement in determining the clinical scenarios in which virtual care is appropriate.

Other than the title, other amendments include clarification of what constitutes the practice of medicine in Saskatchewan and thus requires licensure, and increased clarity with respect to exceptions from the

requirement to be licensed. If the proposed amendment to bylaw 2.11 (referenced above) is ultimately approved by the Minister, the policy will be amended again to include reference to that additional exception.

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[1] This proposed amendment would add an exception from the requirement of licensure for physicians licensed and resident in a neighboring province and practising medicine in an established border community or a community which is the established referral centre for communities in Saskatchewan. If the physician has previously provided medical care to the Saskatchewan patient in the physician's home province, has a longitudinal patient-physician relationship with the Saskatchewan patient, and intends to provide virtual care to that patient from the physician's home province while the patient is located in Saskatchewan, the physician would no longer require licensure with the CPSS in order to do so.

UPDATED POLICY – Uninsured Services

Also in September, the Council adopted an amended version of the Uninsured Services policy and assigned a 3-year sunset review date. The policy includes a redrafted preamble, an updated definitions section, and the addition of a third category of medically required uninsured services – those provided by physicians who have opted out of the public system and have complied with legislated requirements and those contained in the Payment Schedule in order to do so. Additional changes were made to clarify that in addition to the provision of uninsured services to patients, the policy is also applicable to the provision of uninsured services to third parties (such as examinations by non-treating physicians or the completion of reports). These amendments followed a consultation process with stakeholders including Saskatchewan physicians and the public.

UPDATED POLICY – Medical Assistance in Dying (MAiD)

- Patient's Death is NOT Reasonably Foreseeable
- Patient's Death is Reasonably Foreseeable

At its September meeting, the Council adopted updated versions of the two policies applicable to MAiD. At the June meeting, the Council had appointed a committee to consider the Model Practice Standard developed by the Medical Assistance in Dying Practice Standards Task Group (convened by the federal government). That group had encouraged a single standard to be adopted across Canada.

The Council accepted the committee's recommendation that certain sections from the Model Practice Standard be added to the College policies, rather than adoption of the Model Practice Standard as a whole. This included portions of the Model Practice Standard addressing the definition and proof of a 'grievous and irremediable medical condition.' In addition, the Council accepted the committee's recommendations for several other amendments to the policies including with respect to the process to assess the patient for eligibility to receive MAiD. The Council assigned a sunset review date of September 2028.

UPDATED GUIDELINE – Physician Use of Electronic Communications

The guideline "Physician Use of Electronic Communications" had reached its sunset review date. The committee that was appointed by the Council to review the Virtual Care policy also reviewed this guideline, and recommended to the Council that the guideline should remain a separate document with minor amendments. The Council adopted the amended guideline and assigned a 3 year sunset date. The Council recognized that there would be a benefit to physicians if there was a recommended app or mode of electronic communication that could be regularly utilized for secure communications between health care providers. The CPSS has raised this issue with the Saskatchewan Medical Association and we will report in a future issue on any developments in this area.

Discipline Updates

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

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

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

Dr. Mehdi HORRI

Dr. Horri admitted unprofessional conduct by breaching two conditions of his undertaking with the College. The Council imposed a penalty consisting of a 2-month suspension beginning November 1, 2023, an in-person reprimand and an order to pay costs of $900.

Dr. El-fellani MOHAMMED

Dr. Mohammed was found guilty of unprofessional conduct by the Discipline Hearing Committee following a 'no-contest' hearing. The Committee found that Dr. Mohammed's conduct was unprofessional in respect of seven patients, including performing stethoscope examinations in the chest area of female patients when they were not medically necessary and/or in a manner that did not meet the standard of practice of the profession, while not recording the examinations in the patient charts. Dr. Mohammed was also found to have made inappropriate comments to several patients, and in two cases those comments were found to have been unbecoming, improper and unprofessional

conduct. In the case of one of the patients, Dr. Mohammed conducted a breast examination that was not medically necessary and in a manner not in accordance with accepted practice. None of the conduct was subsequent to the conduct addressed in the discipline matters concluded in 2019, as referenced on Dr. Mohammed's website profile.

The Council's penalty order included an in-person reprimand, a 5-month suspension commencing November 1, 2023, a requirement that Dr. Mohammed enter into an undertaking requiring him to continue to have a practice monitor present for all professional encounters with female patients, and a requirement that he pay costs in the amount of $56,300,43.

Dr. Kristyn INSLEY

Dr. Insley admitted unprofessional conduct related to her conviction for impaired driving and refusing to provide a breath sample. She also admitted unprofessional conduct for providing untrue statements to the College in relation to her licence renewals. The Council's penalty order included a written reprimand, a 3-month suspension commencing November 1, 2023, a requirement to complete an ethics course and a requirement that she pay costs in the amount of $1,410.00.

Addressing Quality of Care

Addressing Discriminatory Practices: The Imperative of Embracing Ethical Patient-Physician Relationships

Introduction

The patient-physician relationship forms the cornerstone of medical practice, characterized by trust, collaboration, and dedication to the patient's well-being. In this relationship, physicians are bound by ethical principles, such as non-discrimination, loyalty, and respect for patient autonomy. Discriminatory practices in accepting or refusing patients based on complex medical needs contradict these fundamental principles and necessitate a thorough examination from both an ethical and professional standpoint.

Ethical Framework

The Code of Ethics governing the patient-physician relationship underscores the imperative to accept patients without discrimination, ensuring equal access to medical care regardless of age, disability, medical condition, or other social or personal characteristics. Physicians should apply their expertise and prudent clinical judgment while accepting patients, weighing legitimate reasons for refusal against their duty to serve the best interests of the patient.

Some of the key principles of the Patient-Physician Relationship include the following:

1. **Non-Discrimination and Equal Access**: Physicians should accept patients without discrimination, focusing on the patients' medical needs without prejudiced assumptions regarding their complexities.
2. **Continuity of Care and Non-Abandonment:** Once accepting professional responsibility for a patient, physicians should provide services until no longer required, ensuring a smooth transition of care if needed.
3. **Respect for Patient Autonomy and Conscience:** Physicians must respect patients' autonomy and conscientiously acknowledge and respond to their medical concerns, ensuring open communication and transparency regarding potential moral conflicts that might influence patient selection and care recommendations.
4. **Informed Decision-making:** Physicians should communicate information accurately and honestly to patients, presenting evidence-informed treatment options and encouraging patients to make informed decisions. This can include the reasons for not accepting a patient following a possible "meet-and-greet" visit.

Addressing Discriminatory Practices

Discrimination based on the complexity of medical needs goes against the principles of the patient-physician relationship and the ethical obligations of physicians. Physicians should examine their own biases and ensure that their patient selection process aligns with the ethical principles outlined in the Code of Ethics[2] and the Code of Conduct[3].

1. **Education and Awareness:** Medical professionals should remain aware of and consider regular training to enhance their understanding of complex medical conditions, fostering empathy and diminishing biases that may affect patient selection.
2. **Guidance on Ethical Patient Selection:** The CPSS provides guidelines and recommendations to physicians on ethical patient selection, emphasizing non-discrimination and patient-centric care in the Bylaws, Code of Ethics and Code of Conduct.
3. **Accountability and Oversight:** The CPSS has established processes for reporting and addressing discriminatory practices, holding physicians accountable for actions that violate ethical principles.

Conclusion

The patient-physician relationship is built on a foundation of trust, respect, and ethical conduct. Discriminatory practices in accepting or rejecting patients based on complex medical needs are incompatible with this ethical framework and jeopardize patient care. Healthcare professionals and society at large must work collaboratively to eliminate such practices and ensure a healthcare system that is fair, just, and inclusive for all patients, regardless of their medical circumstances.

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[2] CPSS Regulatory bylaw 7.1

[3] CPSS Regulatory bylaw 7.2

Dr. Werner Oberholzer

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

Practice Update

Guidance to Physicians: Prescription Drug Diversion

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

The CPSS wishes to recognize the efforts of all physicians in ensuring safe prescribing of opioids and highly sought after medications.

Diversion of Prescription Review Program (PRP) medications is an ongoing issue in the province of Saskatchewan. Diversion is a safety concern for both the patients and the public. The CPSS has been asked by members to provide further guidance on prescription diversion, including steps to take when diversion has been identified. *(See Figure 1 infographic at the end of this article)*

Regulatory Bylaw 18.1 specifies drugs which are potentially misused and/or diverted. The PRP monitors for apparent inappropriate prescribing and inappropriate use of the medications included in bylaw 18.1.

In the interest of patient and public safety, physicians should be diligent in the prevention and management of the PRP medication diversion by considering the following:

1. **To prevent medications from being diverted when prescribing:**
    - **Review regulatory bylaw 18.1(h) and ensure all required prescribing requirements are met** to prevent early refills and ensure intended quantities are dispensed. This will help to reduce the risk that there will be 'extra' medication to be diverted or stolen.
    - In initial and follow up visits with patients requiring PRP medications, **conduct a thorough clinical assessment to ensure that the medication(s) is indicated**. Patients who are prescribed medications that are not indicated may fill these prescriptions and not take them; this creates an opportunity for the medication to be diverted or stolen.
    - **Observe/screen patients for aberrant drug related behaviour and for current and past alcohol, drugs, and illicit drug use**. There is a chance that patients who are struggling with addiction may resort to diverting PRP medications to fund their preferred substance.
    - **Assess the patient's social circumstances.** Patients who struggle to make ends meet may feel they must divert medications to afford food/shelter. Refer patients to safe resources such as food banks and social services if they could benefit.
    - **Establish a written treatment agreement** with informed consent to formalize expectations (i.e., patients will take medications as prescribed, medication will be stored safely). You may also choose to request that the patient's pharmacy assist with agreement monitoring.

- **Check the Prescription Information Program (PIP) prior to prescribing** to ensure patients are not multi-doctoring unnecessarily.
- **Ensure that the generic formulation** is prescribed where generics are available since brand-name medications often have a higher sale value.

2. **To monitor for diversion of currently prescribed medications:**
   - **Perform random urine toxicology screens** as part of assessments to monitor for the presence of prescribed PRP medications in urine. If medication is diverted and not taken as prescribed, it may be absent on a patient's urine drug screen. The 2017 Canadian Guidelines for Opioids for Chronic Non-Cancer Pain suggests and provides more information on drug screens for patients receiving opioids.
   - **Request random "pill/medication audits" from the patient's pharmacy** whereby the patient must present to the pharmacy with remaining medication to ensure that the amount of medication remaining aligns with the dispensed date.

3. **To manage diversion:**
   - C**onsider discussing the matter directly with that individual** if this is not likely to put you or your staff in any danger. Approach the situation in a supportive and compassionate manner.
   - **Address any of the patient's unmet needs** that may be contributing to the diversion of their medications. Refer the patient to social services, social workers, food bank, crisis housing, addiction treatment, etc.
   - **Re-visit the treatment agreement** and discuss consequences for not following agreed upon requirements. It may also be beneficial to **discuss the indication of PRP prescriptions** with the patient to re-evaluate that the prescribed medications are indicated and safe for the patient.
   - **Reduce the quantity of medications dispensed per fill.** Examples of this could be moving to a weekly/biweekly dispense, or daily witnessed ingestion dispensing schedule as appropriate.
   - **Consider deprescribing or safely stopping the prescription** if risks (i.e., public, and patient harm from diversion) outweigh benefits (i.e., treating the patient). Consider tapering off medications as opposed to stopping abruptly if abrupt discontinuation would cause intolerable withdrawal or harm.
   - Physicians who are unsure about how to proceed in responding to suspected unlawful prescription activity could **contact the CPSS or the CMPA** for individual advice.

In special circumstances (e.g. incarceration), physicians are encouraged to follow the policies and procedures established by the facility related to medication diversion.

All risk mitigation strategies and enhanced prescribing safeguards and decisions should be comprehensively documented. **Please be advised that this is not a directive to cease prescribing for this patient and this notification should be used as a tool to assist with treatment planning**.

The CPSS, the PRP, and the Opioid Agonist Therapy Program (OATP) remain thankful for physicians' continued dedication and efforts to safe prescribing of opioid and PRP medications. Please contact us with any further questions.

Figure 1

Click on image to download copy

New Pediatric Respiratory Tract Infection Education Bundle now available for Primary Care Providers

Source: Jason R. Vanstone, PhD, Research Scientist Stewardship and Clinical Appropriateness, Regina General Hospital

The Saskatchewan Health Authority (SHA) Antimicrobial Stewardship Program, in collaboration with Dr. Rupesh Chawla (pediatric infectious diseases & antimicrobial stewardship physician, Jim Pattison Children's Hospital), is pleased to present a pediatric respiratory tract infection (RTI) education bundle for primary care providers. This bundle contains several resources to support clinicians with appropriate antibiotic prescribing for pediatric RTIs, as well as tools to help patients better understand appropriate antibiotic use.

We have created a three-part video series which reviews appropriate management of common pediatric RTIs (pharyngitis, otitis media, sinusitis, and pneumonia). The videos can be viewed on the Stewardship and Clinical Appropriateness YouTube channel.

There will be an additional live webinar during the upcoming World Antimicrobial Resistance Awareness Week (Nov 18-24). The webinar will be presented by Dr. Chawla and Kristin Schmidt, one of the antimicrobial stewardship and infectious diseases pharmacists, on **Tuesday, November 21, from 12:00 – 1:00 pm**. You can register by sending an RSVP to antimicrobial.stewardship@saskhealthauthority.ca and have your chance to ask the experts your questions.

Supplementary to the video series and live webinar, the education bundle also includes a handout outlining amoxicillin and amoxicillin/clavulanate dosing for common pediatric RTIs. The handout can be found on the Antimicrobial Stewardship Program website.

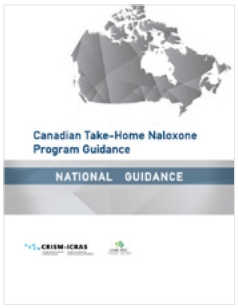
If you haven't already done so, the SHA provides access to a free app that you can download on your device (Apple or Android). The app is called Firstline and it contains valuable information for prescribers, including treatment guidelines for common infections and local antibiogram information for sites across Saskatchewan. For pediatrics, there is a Jim Pattison Children's Hospital (Mom & Kids Health Saskatchewan) instance with all the relevant pediatric information.

Finally, to help promote awareness about appropriate antibiotic use among patients, a new poster has been developed that may be displayed in waiting rooms or exam rooms. This is a great tool to prompt conversations with patients about appropriate antibiotic use for them or their children. The poster can also be found on the Antimicrobial Stewardship Program website linked above.

Thank you to all primary healthcare providers who do their part every day to promote antimicrobial stewardship in our province. We hope that you will find this education bundle helpful in continuing to work towards our goals of reducing the growing rates of antimicrobial resistance both here in Saskatchewan, and around the world.

Antimicrobial Stewardship Program

Canadian Take-Home Naloxone Program Guidance



A national guidance document aimed at providing recommendations regarding Take-home Naloxone programs was recently published by the Canadian Research Initiative in Substance Misuse (CRISM) and the Canadian Institutes of Health Research (CIHR). The document was developed in collaboration with individuals with lived and living experience/expertise of drug use and responding to overdose and with expertise in harm reduction. We hope that the document will help encourage expanded services in Saskatchewan.

DOWNLOAD DOCUMENT HERE

Internet-Delivered Cognitive Behaviour Therapy (ICBT) in Saskatchewan

Source: Janet Tzupa, BSW, RSW, SHA - Online Therapy Team, Regina Mental Health Clinic

The Online Therapy Unit at the University of Regina in partnership with the Saskatchewan Health Authority provides free ICBT to adults over 18 experiencing symptoms of anxiety, depression, and alcohol misuse throughout Saskatchewan.

The clinical results have been extremely positive with outcomes similar to face-to-face CBT with a 50% reduction in anxiety and depression symptoms by the end of the 8 week course and high patient satisfaction.

ICBT is convenient and flexible for those limited by location, time, or mobility—available for clients to work through any day, any time—offered with very little wait time—and it is completely free.

The course is for Saskatchewan residents aged 18 and up who are experiencing symptoms of depression and anxiety as well as alcohol use, chronic pain, or chronic medical conditions. Individuals can access the program through the www.onlinetherapyuser.ca website.

Individuals should not be currently engaged in another therapy for anxiety or depression, experiencing severe problems with substance use or unmanaged psychosis or mania or at a high risk for suicide.

The program requires an 8 week commitment, a medical contact, and access to a computer.

For more information:

- Posters and take-away cards are available upon request as well as research data and in-person presentations.
- If you have any questions, please feel free to contact the Online Therapy Unit at 306-337-3331 or online.therapy.user@uregina.ca.
- Requests for presentations can be made to Dr. Katherine Owens Katherine.owens@saskhealthauthority.ca

Registration Times

Licensure in SK Part 3
Provisional with Restrictions Licensure in Saskatchewan

As highlighted in our first article '***Licensure in Saskatchewan: A Primer***' found in Vol 10. Issue 1, all forms of licensure in Saskatchewan must first meet the requirements laid out in Bylaw 2.3.

Prior to September 1, 2023, all physicians applying for licensure in Saskatchewan required a pass on the Medical Council of Canada Qualifying Exam, Part 1 (MCCQE1) or the Medical Licensing Exams in the United States, as a means of 'demonstrating medical knowledge', as per Bylaw 2.3. However, as of September 1, 2023, the CPSS can now accept '*other proof of appropriate medical knowledge acceptable to the College*', if the above stated exams have not yet been achieved. The acceptable alternate proof as defined by Council will be evaluated on a case-by-case basis, but may include the following scenarios:

- Internationally-trained physicians practising outside of Canada, who have medical training, post graduate training and certifying exams from their country of training.
- Internationally trained specialists who require a Pre-Licensure Assessment to determine competency, safety and medical knowledge suitable for supervised practice.
- Internationally trained specialists from approved jurisdictions, as identified by the Royal College of Physicians and Surgeons of Canada (RCPSC), which would include Australia, New Zealand, the United Kingdom and Ireland, South Africa, Singapore and Hong Kong.

In Saskatchewan, if a physician applying for licensure does not meet all requirements for a regular licence (ie. full, independent practice), as outlined in Bylaw 2.3 and Bylaw 2.4, then they may be able to meet requirements to access what is called a ***Provisional with Restrictions (PWR)*** licence.

One of the most common reasons a physician may be granted a PWR licence is if they meet Bylaw 2.3 but do not yet have Certification through a Canadian certifying body (ie. the Royal College of Physicians and Surgeons of Canada (RCPSC) if they are trained specialists, or the College of Family Physicians of Canada (CFPC) if they are trained as Family Physicians).

Typically, physicians with eligibility to write the Canadian Certifying Exams can enter into practice on a PWR licence for the period of time required to obtain their Certification and/or to access an alternate route to achieve a Regular licence. Other options to access a PWR licence also exist and are summarized in the table on the next page.

Location of Post Graduate Training	Qualify for a Provisional with Restrictions Licence (PWR)
Canada	**Meet requirements outlined in Bylaw 2.3,** **and** *If a Specialist:* • be eligible to write the discipline-specific RSPSC Certifying Exam **or** *If a Family Physician:* • be eligible to write the CFPC Certifying Exam.
United States	**Meet requirements outlined in Bylaw 2.3,** **and** *If a Specialist:* • be eligible to write the discipline-specific RSPSC Certifying Exam, *or* • have at least 4 years of discipline-specific postgraduate training, has American Board Certification and be fully licensed without restrictions to practice in the USA, **or** *If a Family Physician:* • be eligible to write the College of Family Physicians of Canada Certifying Exam. *or* • have completed a Family Medicine residency program, has American Board Certification and is eligible or have a licence without restrictions to practise in USA.

Location of Post Graduate Training	Qualify for a Provisional with Restrictions Licence (PWR)
Elsewhere	**Meet requirements outlined in Bylaw 2.3,** **and** *If a Specialist:* • be eligible to write the Canadian Certifying Exams through the Jurisdiction Approved Route with the RSPSC, *or* • Have obtained a ruling and have successfully written the Certification Exam(s) through the Practice Eligibility Route with the RSPSC, *or* • Be successful in a Health System supported 'Pre-Licensure Assessment' approved by Council, if the applicant has at least 4 years of discipline specific post graduate training, has Certification and is licensed without restrictions in the Country of training. **or** *If a Family Physician:* • be eligible to attain certification by the CFPC without examination. *or* • have successfully completed the initial assessment by the Saskatchewan International Physician Practice Assessment (SIPPA) program.

Once granted a PWR Licence, the physician is permitted to practice medicine independently while under supervision. The model of supervision required for a physician on a PWR licence is not the same as what would be required for medical students, clerks, or senior residents. It requires that a physician (of the same discipline being supervised), who is on a regular, unrestricted licence, performs periodic chart reviews to evaluate the clinical management of a variety of clinical conditions, for the duration of time a physician remains on a PWR licence. The supervising physician is required to provide regular reports to the College.

Note there are other less common licensing scenarios that may result in a provisional licence that have not been highlighted in this article as they are less common. The above scenarios speak to the most frequent or most common situations.

Residents Moonlighting – what you need to know

Reminder! Throughout the academic year, residents can obtain an endorsement for their Educational licence, to provide moonlighting coverage during the following periods:

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

Residents must obtain permission from their Program Director with the Post Graduate Medical Education (PGME) Office. To request an application form please email the PGME office.

Please also note that your Moonlighting endorsement is time-limited and will end by the timeframes noted above, if not earlier if deemed required by the Program Director. **You must resubmit for an endorsement for each moonlighting period.**

You can find more information about moonlighting on the CPSS website, found here.

Completing your residency in 2024?

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!

Apply Early – The earlier you apply the better.

Starting as soon as January 2024, you can apply. 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 cpssreg@cps.sk.ca.

Physician Assistants – Welcome to Saskatchewan!

On March 30, 2023 the Saskatchewan Government introduced legislative changes to allow Physician Assistants (also referred to as 'PAs') to be licensed to practice in the province. On September 8, 2023 the Regulatory Bylaws were amended to enable the CPSS to begin regulating Physician Assistants in Saskatchewan. The Saskatchewan Government has announced funding will be made available for 12 Physician Assistant positions to be placed within the Saskatchewan Healthcare System. The role of a Physician Assistant is a new one for Saskatchewan, however Physician Assistants have been regulated in other provinces, including Manitoba and New Brunswick for upwards of 10 years.

What is a Physician Assistant?

A Physician Assistant is a healthcare provider type that is classified as a 'Physician Extender'. While Physician Assistants are not physicians, they can assist with some duties and responsibilities that a Physician authorizes them to perform.

Following the completion of an undergraduate program, a Physician Assistant will complete a two-year accredited, university affiliated training program to earn their qualification as a Physician Assistant.

There are currently 3 accredited Physician Assistant training programs in Canada – at University of Manitoba, McMaster University and University of Toronto. Two additional programs are set to launch: at Dalhousie University in January 2024 and at the University of Calgary (date not yet announced).

In order to practise in Saskatchewan, Physician Assistants must be supervised at all times by a Physician who is licensed to practise medicine within Saskatchewan (the "Physician Supervisor"). The Physician Supervisor remains the 'Most Responsible Physician' (MRP) at all times, with all the responsibility and liability that entails. The scope of practice of a Physician Assistant cannot exceed that of their Physician Supervisor. A Physician Assistant can and is encouraged to work within a group practice or within a hospital department.

How do Physician Assistants differ from the role of a Nurse Practitioner?

While both a Physician Assistant and Nurse Practitioner can practise in all areas of medicine, the table below provides a brief overview of the differences between the two professions.

Physician Assistants	Nurse Practitioners
• A Physician Assistant is a health care provider who has taken an additional 2 years of accredited training to practise as a Physician Assistant. • A Physician Assistant is a **non-independent practitioner** who must be **supervised at all times** by a designated Physician. • Physician Assistants are limited to the scope of practice of their Supervising Physician / the "Supervising Physician". • While under supervision at all times, a Physician Assistant can conduct histories, physical examinations, order and interpret investigations, perform diagnostic and therapeutic interventions, diagnose and treat illnesses, and educate patients on treatment options and counsel on preventative health. • While under supervision, Physician Assistants can assist in surgery, prescribe medications, and perform procedures that fall within their scope of training and experience, as long as it also falls within the scope of their supervising physician. • Physician Assistants are currently prohibited from prescribing controlled drugs and narcotics.	• A Nurse Practitioner is a registered nurse who has completed graduate level education in Nurse Practitioner Studies. • A Nurse Practitioner **can practise independently** from a physician and can carry their own patient caseloads. • A Nurse Practitioner has the authority to diagnose and treat health problems. Nurse Practitioners can also order diagnostic tests, and lab tests and provide health information. • In Canada, Nurse Practitioners can also prescribe all medications including controlled substances and Narcotics.

How do Physician Assistants differ from the role of a Clinical Assistant in Saskatchewan?

Physician Assistants are not physicians. Clinical Assistants are trained physicians, but they may not have met all requirements to obtain licensure for full independent practice in Saskatchewan. Clinical Assistants can work to the defined scope and responsibilities that their employer has identified and assessed them to provide. The CPSS Policy on Physicians Working in Limited Roles provides more information on the licensure of Clinical Assistants in Saskatchewan.

Moving residences, clinics or retiring? *Please let us know!*

If you are moving your personal residence or clinic or planning to leave a practice or retire, we ask that you please reach out to the CPSS at info@cps.sk.ca to inform us.

Keeping this information current 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 who use the CPSS Website and the Physician Directory.

If you are leaving a practice or closing a clinic, please also make sure to refer to the Physicians Leaving Practice policy to ensure you take all necessary steps. Please make sure to also contact your insurance provider if your practice information has changed.

Debra-Jane Wright

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

Physician Health

Imposter Syndrome and the Physician

People, including physicians and medical learners, often struggle with confidence and self-worth. At what point does this become harmful? There is a difference between questioning knowledge base to enhance skills through continuing education, and feeling like a fraud and being paralyzed by fear of being found out as such, despite notable accomplishments and evidence against this belief.

Imposter Syndrome is a psychological pattern of behavior where people doubt their accomplishments and have a persistent, internalized fear of being exposed as a fraud.

70% of people will experience imposter syndrome at some point in their lives. Some historical icons you may know that have identified with imposter syndrome are:

- Albert Einstein
- Maya Angelou
- John Steinbeck
- Meryl Streep
- Serena Williams

Imposter Syndrome looks like: fear of failure, feelings of inadequacy and self-doubt, terror of being "found out", perfectionism, procrastination, over preparing.

Imposter Syndrome sounds like: negative self-talk, shame spiraling, dwelling on past mistakes.

Imposter syndrome is also "associated with increased component of burnout, including exhaustion, emotional exhaustion, cynicism, and depersonalization" (Baumann N., 2020). Further studies have found a direct link to burnout.

How to treat Imposter Syndrome?

Notice – acknowledge and accept your experiences

Normalize – common humanity (70% of people). Know you're not alone – talking about your experiences with imposter syndrome restores your personal power and normalizes your experience.

Nice – be kind to yourself by managing your inner critic, list your achievements, learn to accept compliments, and learn to compliment yourself.

Adopt a growth mindset – we all have room to grow. Balance is key; the belief we have nothing to learn can be close-minded and viewed as egotistical. This rigidity can lack empathy and create challenges working collaboratively with others. On the other end of the spectrum, the belief of "I know nothing"

feeds into decreased confidence and devaluing accomplishments. Everyone has room to grow. Everyone has accomplishments they should be proud of.

Ask for help - speak to a trusted colleague, peer, or family member/friend. You may be surprised to learn others in your circle have felt similarly. Connect with a professional, such as a counsellor or the Physician Health Program.

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Citations

Baumann N, Faulk C, Vanderlan J, Chen J, Bhayani RK. Small-Group Discussion Sessions on Imposter Syndrome. MedEdPORTAL. 2020;16:11004. https://doi.org/10.15766/mep_2374-8265.11004

Imposter Syndrome Infographic - Infographic Transcript (mindtools.com)

Villwock JA, Sobin LB, Koester LA, Harris TM. Impostor syndrome and burnout among American medical students: a pilot study. Int J Med Educ. 2016;7:364–369. https://doi.org/10.5116/ijme.5801.eac4

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Awards & Recognition

The 2023 Wohlfarth Memorial Leadership Prize Recipient Now Announced

Congratulations to ***Ms. Samantha Mannala*** on receiving the Wohlfarth Memorial Leadership Prize for 2023. This prize was established to encourage leadership among undergraduate students in the College of Medicine who wish to participate as Student Observer on the Council of the College of Physicians and Surgeons of Saskatchewan. Preference is given to students who intend to practise family medicine.

Last year's award winner was *Ms. Indiana Best*.

Info source:
Shannon Bay, Executive Assistant, Undergraduate Medical Education (UGME), University of Saskatchewan, College of Medicine

Senior Life Designation Awards 2023 - Coming Soon!

On November 24, 2023, the Council of the CPSS will present the 2024 Senior Life Designation awards to physicians who have been licenced in Saskatchewan for 40 years or more.

Look for their biographies in the next issue of DocTalk!

Celebrating 40 Years of Practice?

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

You may be eligible to be a recipient of the CPSS **Senior Life Designation Award** in 2023!

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

cps.sk.ca