DocTalk

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College of Physicians and Surgeons of Saskatchewan cps.sk.ca Volume 7 Issue 3 2020

First, Thank You

The College of Physicians and Surgeons of Saskatchewan wishes to express its sincere appreciation to all the physicians diligently working during the COVID 19 pandemic to provide care to our patients.

Our thanks extends to those who have stepped into new leadership roles to plan and execute the response to the pandemic.

We owe a profound debt of gratitude to all our health professionals and especially to those who will be on the front lines of this pandemic.

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College of Physicians and Surgeons of Saskatchewan

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REGISTRAR: Dr. Karen Shaw

In this issue

This newsletter is automatically forwarded to every registered member* of the College of Physicians & Surgeons of Saskatchewan and made available to members and the public through its website and social media. Important decisions of the College on matters of bylaw, policy, regulation, registration and practice updates etc., are published in the newsletter. The College's expectation is that all members shall be aware of the content of each publication.

Not yet subscribed?

Write to
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for your free e-mail subscription.

** Registered members of the College are automatically subscribed to DocTalk as part of their duty is to keep up with College updates to policies and other important information relative to practising medicine in Saskatchewan.*

Do you have feedback to provide or a suggestion for an article to include in the next issue of DocTalk?

Submit your ideas & articles at any time to COMMUNICATIONS@cps.sk.ca
(Deadline for the next issue is **January 30, 2021**)

Dr. Brian Brownbridge
President, CPSS

Dr. Karen Shaw
Registrar, CEO

Racism

The "Black Lives Matter" movement in the United States and the horrifying news reports about the deaths of African Americans by white men, including law enforcement, was a brutal reminder to us that racism still exists. While we've not experienced the same degree of civil unrest in Canada, we too have heard sobering stories from Canadians about their experiences with racism. Currently, we are witness to escalating tensions as the Mi'kmaq lobster fishery dispute heats up.

Even more sobering for us in the healthcare profession is the report of the treatment that Joyce Echaquan experienced as a patient in our Canadian healthcare system. We would like to think that these experiences are not common, but sadly we are likely to hear more of these stories, as these ones are only the tip of the iceberg.

Our own Council has received expressions of concern from a number of black physicians alleging racist behaviour targeting trainees and practising physicians here in Saskatchewan. In the past, the College has received concerns alleging discriminatory behaviour towards Indigenous patients, trans-gendered patients, and immigrants, in addition to others. Whatever the form of the discrimination and whoever the target individual or group is, we know what is occurring is unacceptable and has a serious negative effect on the health and welfare of the target population, as well as on our community.

Since we heard the first reports about the treatment provided to Joyce Echaquan, the Federal government on short notice convened an emergency national stakeholder meeting to open the discussions on racism. The CPSS was invited and joined some 400 others. The stories that were told over the 4 hours were gut wrenching, to say the least. Some of these stories were told by our own Saskatchewan people.

Discrimination in healthcare is unacceptable, whether it targets patients, trainees or healthcare workers, including physicians. The cost of this "disruptive behavior" is enormous, not only to the individuals involved, but to the system in general, and we know all too well that an environment where there is disruptive behavior is not conducive to good patient care.

Dr. Richard Levin, President and CEO of the Arnold P. Gold Foundation, a non-profit organization that champions compassionate, collaborative, scientifically excellent healthcare, states "Racism has no place in healthcare." Racism is in direct opposition to the tenets of humanism, which include empathy, compassion, and respect for all human beings. (Source: GHHS 2020 National Initiative to Focus on Opening Conversations about Racism in Medicine)

We agree.

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What is the responsibility of the College as a medical regulator in managing these concerns?

Our primary role as a medical regulator is to protect the public. In protecting the public, we must address the need for equity, diversity and inclusion in all our processes and procedures including registration and licensure, complaints and investigation, and quality assurance of medical practice. This need for equity, diversity and inclusion extends to representation on our governing Council and its committees, as well as in our operations.

We are fortunate to have some diversity on the governing Council. Of the 21 Councillors currently serving, we have one who is from an Indigenous background and seven others are from various non-white ethnicities. While we would be pleased to have more gender diversity, we currently have two female Councillors serving. Diversity of age would also be an asset. While we are an organization that seeks to be equitable, and open to diversity and inclusion in our hiring practices, we have less diversity in our current operations staff than Council. We have staff who self-report as Métis, and one staff who is from a non-white ethnicity.

Regulating physician behavior is one of our roles, so how do we effect a change in racist or discriminatory behavior?

We have adopted and placed in bylaw the ***CMA Code of Ethics and Professionalism***, which sets out the expectations of physicians. The three sections that clearly address discrimination are:

Section 1:

"Accept the patient without discrimination [such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national and ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status]. This does not abrogate the right of the physician to refuse to accept the patient for legitimate reasons."

Section 31:

"Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, healthcare partners, and members of the healthcare team."

Section 43:

"Commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to healthcare made in the report of the Truth and Reconciliation Commission of Canada."

While we hold physicians accountable to comply with that *CMA Code of Ethics and Professionalism*, unless we have a complaint, we do not proactively assess whether a physician practises in a manner that upholds these expectations. Perhaps, as individuals, we need to reflect on our behaviors and question whether we truly uphold these values.

We all have biases, but do we know what they are? If we are to understand the implicit biases that exist in healthcare, we need to examine and understand our own.

There is a Harvard project called IMPLICIT, which offers a tool that measures attitudes and beliefs that people may be unable or unwilling to report. This tool is the ***Implicit Association Test (IAT)***. This test measures relationships between different concepts such as gender and ethnicity and your subconscious assessment, for example good or bad. There are several Implicit Association Tests available to test your bias with respect to gender, sexuality, ethnicity, guns, etc. Taking one of these tests individually may identify biases one is not even aware of that may have consequences to patient care. While there is some controversy about the validity of IAT due to some concerns about reproducibility, a question of what it measures, and whether it needs to be taken multiple times for aggregate data before predicting bias, it causes one to pause, question and acknowledge our own biases. Perhaps that pause, question and reflection are the first steps for all of us. Despite its shortcomings, Councillors and staff were challenged to try this tool and we recommend the same to you. These tests can be found at **http://implicit.harvard.edu/implicit/takeattest.html**

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First Steps

If we focus on understanding our own implicit biases, we might recognize how we are consciously or unconsciously influencing and/or perhaps contributing to discrimination and racism. Acknowledging and working on our own biases hopefully allows us to better recognize and prepare to combat the biases within our healthcare system.

We have started to review the College as an organization, to ensure appropriate diversity with no discriminatory practices within our processes and procedures, both at the governance and at the operations level. Depending on what we find, we may need to include additional educational opportunities for both Councillors and staff. Dr. Alika Lafontaine, an Indigenous physician (Cree and Anishinaabe) of mixed heritage, presented to Council at its most recent meeting. His stimulating presentation provided a better understanding about discrimination, racism and implicit bias. This was a good start in our quest for growth.

If we are expecting to contribute positively to changing discrimination and racism in our healthcare system, we will need to have improved educational opportunities for our registrants as well. What is the need for education about racism, discrimination, and implicit bias? Will education on trauma informed care be part of the solution? The College of Physicians and Surgeons of British Columbia has an extensive resource list that their library staff has developed about discrimination, racism and implicit bias and they have graciously shared it.

If anyone is interested in a copy, please contact Dr. Karen Shaw at OfficeOfTheRegistrar@cps.sk.ca.

Martin Luther King said:

"Our lives begin to end the day we become silent about things that matter" and;

"The time is always right, to do what is right."

There is a desperate need for us to collectively do better and we hope you will join us in this journey.

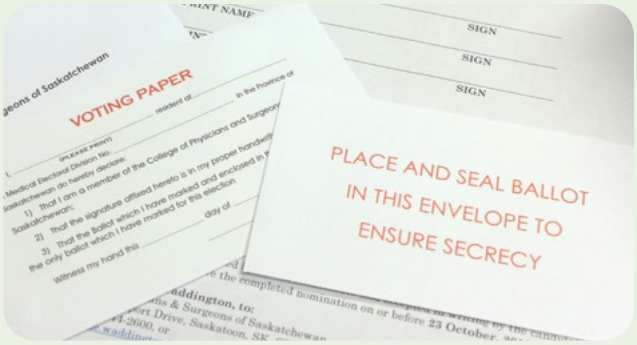
VOTE! VOTE!! VOTE!!!

2020 COUNCIL ELECTION for the following areas:
(Not all areas vote each year)

- **SASKATOON**
- **NORTH-EAST**

Last day for receipt of ballots is November 24, 2020!

Didn't receive your ballot by mail?
Write to **OfficeOfTheRegistrar@cps.sk.ca**



Dr. Heather Halldorson
Senior Medical Advisor

COVID-19 and the Use of Virtual Care in Medicine

How to optimize your patient's virtual experience.

Before Covid-19, virtual medicine was progressing slowly in Canada. We lagged other developed countries regarding the acceptance of virtual visits as an alternative to in-person visits. Covid-19 has accelerated the use and acceptance of virtual medical care in Canada.

This forced physician offices to modify the way they interacted with patients. Office staff performed more triaging on the phone. Visits were booked now with the option of a virtual or a safe, in-person visit. Waiting rooms were empty as patients waited in their cars. The use of hand sanitizer and masks was the new normal. We all adapted quickly to a variety of technology options (text, cell phone, video, email), where previously there was hesitancy to use these modalities in medicine.

Probably one of the biggest challenges of virtual care is the ability to successfully establish rapport with patients. For physicians with established practices, the ability to connect with patients virtually may be easier, as they already have a pre-existing relationship with these patients. For physicians that are meeting new patients, the ability to engage a new patient can be challenging using virtual visits.

Here are some resources to help optimize the virtual experience for you and your patients:

1. Establishing rapport with virtual visits
2. CMA Virtual Care Playbook
3. Health Advocates advice for Patients during a virtual visit
4. CMA How to navigate virtual care a guide for patients
5. CMPA Providing virtual care during Covid-19
6. CPSS Expectations of Physicians during Covid-19

Bryan Salte
Senior Legal Counsel

Sexual Misconduct by Healthcare Professionals

Sexual misconduct by healthcare professionals is an issue of concern for everyone. Sexual misconduct by healthcare professionals diminishes the public's confidence and trust.

Sexual misconduct by a physician can have a serious and sometimes permanent effect on a patient. Legislation in Alberta, Ontario, Québec and Prince Edward Island requires health regulatory bodies to impose minimum penalties on healthcare practitioners who have engaged in sexual misconduct with a patient. The Alberta government adopted legislation which requires a health regulatory body to permanently revoke the licence of a health professional who has engaged in serious sexual misconduct with a patient. If the legislation applies, the health professional may never again practise in Alberta.

Health regulatory bodies in Canada have recognized that they must take active steps to educate health professionals and the public, make their complaint processes more accessible to patients and sensitive to their needs, and impose more severe penalties on healthcare professionals who have engaged in sexual misconduct with a patient.

Several physicians have been found guilty of sexual misconduct in Saskatchewan in the past few years. There have been a number of complaints by patients who believed that their physician's conduct was sexually inappropriate. In some instances that was due to a lack of communication with the patient, including failing to obtain informed consent before performing an examination.

All of this led to the Council of the College establishing a committee to provide recommendations to the Council to address sexual misconduct by physicians. The Council adopted a Policy, Sexual Boundaries, at its meeting in March 2020.

- The policy provides guidance to physicians to assist them in dealing appropriately and sensitively with their patients. Following the guidance will substantially reduce the risk of a complaint of inappropriate sexual behaviour.
- The policy includes a description of what constitutes "sexual misconduct" in College bylaws. The College's bylaw also includes a definition of who is a "patient" which includes a "former patient" for a reasonable period after the person ceases to be under a physician's care.
- The policy describes the expectation that a physician who has reasonable grounds to believe that another physician has engaged in sexual misconduct with a patient will report that to the College.
- The policy establishes a "presumptive penalty" for the more serious forms of sexual misconduct which includes revocation and an inability to apply for restoration for three years.
- The policy also establishes supports for complainants, including an ability to apply to the College for financial assistance to obtain counselling.

We all have an interest in reducing the incidence of sexual misconduct by physicians. Council, by establishing this policy, has demonstrated the importance of this issue to the College. The College encourages all physicians to read the policy and follow the recommendations in the policy.

Considerations relating to a Mandatory Mask Policy in a Medical Clinic

**While this article was written prior to the public health order making masks mandatory in all indoor public spaces in certain communities as of November 6, the principles are still largely applicable.*

The COVID-19 pandemic has brought many challenges to the medical community. One of these is the issue of whether a physicians' clinic can require its patients to wear a mask in order to attend for assessment and/or treatment.

As with many of these types of issues, a physician's obligations will depend on the circumstances of each particular case. However, the College's general advice relating to the applicable considerations follows:

1. Where a patient refuses to wear a mask for whatever reason, if practicable, a physician should first offer another form of service such as a virtual visit.

2. Where an in-person visit is necessary, the following scenarios apply:

    a. Where a patient refuses to wear a mask for a reason OTHER than a medical issue (such as personal preference, asserting their rights, because it's an inconvenience, etc.), the physician has the right to refuse to see the patient except in an emergency.

    b. In situations where a patient asserts that they have a medical condition that prevents them from wearing a mask, but the physician is aware of medical evidence that does not necessarily support that, the physician may still require the patient to wear a mask unless they provide a note from their primary physician stating that in their particular case, wearing a mask is contraindicated.

    c. Where wearing a mask presents a hardship for the patient because of a medical condition or disability, this raises difficult issues surrounding the duty to accommodate and is not as clear cut. Because physicians offer services to the public, they are subject to Saskatchewan human rights legislation and have a duty to reasonably accommodate a disability or medical condition. An example of this would be someone who suffers from panic attacks and it is therefore a hardship for them to wear a mask. In our opinion, in circumstances where the physician is aware that a person has a medical condition which makes it a hardship for the patient to wear a mask, and the individual has a condition that requires an in-person visit, it would be difficult for a physician to refuse to see that person. In those circumstances it is therefore recommended that the physician make reasonable attempts to accommodate the patient while minimizing any risk to the physician, staff, other patients, etc. This is an attempt to balance the interests of all involved, and may include measures such as having the patient wait in their car to minimize time in the clinic, having them enter through a back door, having them wear a mask only while going through common areas, possibly asking them to wear a shield instead of a mask (if one can be provided), asking them to attend at the end of the day, etc. If the physician is aware of another clinic that does not require masks, a reasonable accommodation could be a referral to that other clinic.

If you have a question relating to this or other COVID-19 related issue, please feel free to call the College for advice.

College Disciplinary Actions

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

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

Dr. Ronald KATZ

Dr. Katz admitted to unprofessional conduct for prescribing to a family member. The penalty order included a reprimand, the requirement to complete an ethics course on professionalism, and a direction to pay costs in the amount of $720.

Dr. John HERBERT

Dr. Herbert admitted to unprofessional conduct for breaching an undertaking to the College and failing to respond to the College. The penalty order included a one-month suspension, a fine in the amount of $1,500, a written reprimand, the requirement that he successfully complete an accredited course on medical record-keeping, and a requirement that he comply with all recommendations of the Physician Health Program. In addition, Dr. Herbert was ordered to pay costs in the amount of $1,020.

Dr. Mehdi HORRI

Dr. Horri admitted to unprofessional conduct in the 4 charges laid by the Council and 1 charge laid by the Executive Committee. The conduct which he admitted related to a failure to maintain the standards of practice of the profession in relation to his treatment of four patients in hospital and by providing propofol to a patient in his clinic. The penalty order included a reprimand to be administered in person, a four-month suspension, and a direction to pay the costs of the investigation and penalty hearing in the amount of $10,469.45 plus the costs of a second preliminary inquiry committee.

[redacted]

Dr. Svitlana ZIARKO
(formerly Cheshenchuk)

Dr. Ziarko admitted to unprofessional conduct in the charge laid by the Council. The conduct which she admitted related to failing to exercise due diligence to ensure that the fees her clinic quoted for transferring patient files were not excessive. The penalty order included a fine of $3,000, a direction to pay costs in the amount of $8,522.24, and a reprimand. In addition, Dr. Ziarko was required to sign an undertaking agreeing to establish an office policy on charges made for the provision of patient records and the transfer of patient charts, to submit that document to the Registrar for approval, and to report to the College on steps taken to ensure staff have been instructed on and will comply with the policy.

Restoration of Licence

Dr. Mohammed SAYEED

Dr. Sayeed applied to Council at its March 2020 meeting to restore his licence to practise medicine. The Council agreed to restore Dr. Sayeed's licence to practise medicine provided that he sign a detailed undertaking including the following restrictions:

1) he will not work in a solo practice;
2) he will not work more than 25 hours per week and will see a maximum of 20 patients per day;
3) he will have a female chaperone present during the entirety of all female patient encounters;
4) a sign will be posted in the waiting room and examination rooms in any clinic where he practises advising of the requirement to have a female chaperone present when he is seeing female patients;
5) he will provide monthly reports to the Registrar; and
6) he will continue to receive medical treatment as directed.

IMPORTANT - PLEASE READ

Changes to Regulatory Bylaws

By Sheila Torrance, Legal Counsel, CPSS

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

There were **FOUR** changes to College Regulatory Bylaws since the last edition of the Newsletter.

Bylaw 2.8 – Ministerial Licensure

The bylaw was amended to extend the sunset date to December 31, 2023 to issue Ministerial licences to physicians who work for the Saskatchewan Cancer Agency.

Bylaw 12.1 – The Competency Committee

The bylaw was amended to allow the Executive Committee to name the Chair and members of a competency committee.

Bylaw 17.1 – Minimum Standards for Written and Verbal Medication Prescriptions Issued by Physicians

After reviewing consultation feedback, the Council approved an amendment to Bylaw 17.1(d) to require "wet" signatures on EMR-generated prescriptions that are printed and provided directly to patients.

Bylaw 35.1 – Payment at Specialist Rates

This bylaw was amended to permit payment at specialist rates for physicians who successfully completed their residency training in Canada in 2020 and have been granted a provisional licence, but who were unable to challenge the Royal College examinations due to cancellations related to COVID-19. These physicians will be placed on the specialist list of the College until the Royal College of Physicians and Surgeons of Canada has released the results of the first examinations that the physician was eligible to challenge in that physician's specialty.

Policy, Standard and Guideline Updates

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

NEW! **POLICY – Consultations - College Policy Development**

Council approved a new policy that provides for the redaction of information that identifies an individual respondent to a request by the College for consultation in the event that the Council document reporting on the consultation feedback is requested by a member of the public (including physicians and the media).

Click here to view full policy

NEW! **POLICY – Victim Impact Statements**

Council approved a new policy that addresses the process to be followed when a complainant wishes to provide a victim impact statement to be considered by Council at a penalty hearing.

Click here to view full policy

NEW! **POLICY – Prescribing: Access to the Pharmaceutical Information Program (PIP) or the electronic Health Record (eHR) Viewer**

Council approved a new policy that recognizes the guiding principles that optimal prescribing requires access to a patient's past and current medication profile. While recognizing that ideally physicians should access the PIP or eHR Viewer prior to writing any prescription, and particularly prescriptions for Prescription Review Program (PRP) medications, the Council acknowledged that there are still systemic and technical challenges that may prevent such regular access. The policy establishes an expectation that all physicians licensed in Saskatchewan who prescribe and/or order medications must have active login capability with either the PIP and/or the eHR Viewer; if the physician cannot obtain active login capability with one of these sites, or if their capability is suspended or rescinded by eHealth, the physician must report this to the College.

While not mandatory at this time, the College recommends that physicians view a patient's medication profile in the PIP or eHR Viewer prior to prescribing, particularly when prescribing opioids or other psychoactive medications, and most particularly when the physician does not look after the patient on a regular basis.

Click here to view full policy

POLICY - Public Access to Council Meetings

This policy was amended to include a reference to the new policy "Public Access to Council Documents and Redaction of Sensitive Information Contained Therein."

Click here to view full policy

Continued on p. 12...

...continued from p. 11.

POLICY – Sexual Boundaries

Following the significant amendments to this policy reported in the previous issue of DocTalk, Council approved another amendment pertaining to providing support for complainants. In recognition of the fact that sexual misconduct by physicians can be traumatic for patients and that some patients may find counselling helpful in addressing the effects of such conduct, the amendment established a process by which a complainant who alleges sexual misconduct by a physician can apply to the Registrar of the College for financial assistance to access counselling or legal assistance related to the alleged sexual misconduct. The Registrar has the discretion to grant or refuse such application. The maximum amount of financial assistance that can be provided is $3,000, unless the Registrar is satisfied that there are extraordinary circumstances which require additional assistance.

Click here to view full policy

POLICY - Contents and Access to Information in Physicians' College Files

Council accepted amendments to this policy which recognized the difference between access to electronic files and paper files.

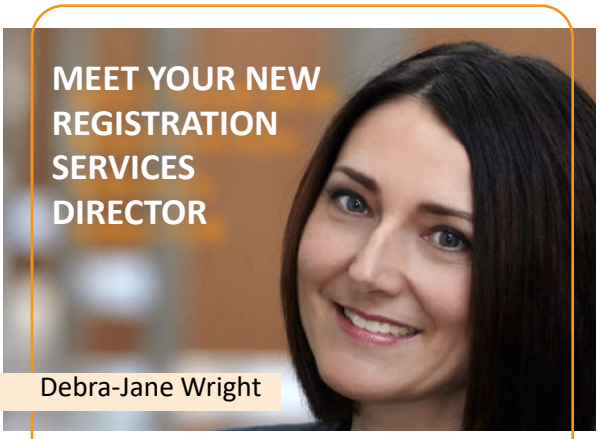
Click here to view full policy

STANDARDS AND GUIDELINES – CPSS Opioid Agonist Therapy Program Standards and Guidelines for the Treatment of Opioid Use Disorder

Council amended this document by adding two appendices: 1) Managed Opioid Withdrawal Using Slow-Release Oral Morphine during Methadone Induction, and 2) Buprenorphine/naloxone (bup/nx) Microdosing.

Click here to view full policy

The full versions of all CPSS Policies, Standards and Guidelines, Regulatory Bylaws and Administrative Bylaws are available on the College Website at www.cps.sk.ca



Debra-Jane Wright

Debra Wright has very recently joined the College and has been busy getting up to speed on all things Registration and Licensing. Debra comes to us following a 14-year career with the Saskatchewan Health Quality Council (HQC). Debra is a Physical Therapist by training and holds a Masters of Science degree in Health Promotion Studies.

She has a passion for healthcare quality and safety and is excited to bring her systems thinking and improvement knowledge to the Registration Services department.

Debra can be reached at debra.wright@cps.sk.ca or 1-306-667-4643.

Renewal Season 2020-21

NOW OPEN!

Registration Services wishes to thank you for your patience, kindness and understanding as we have continued to work with our developer to resolve some persisting issues through this year's renewal season. While our launch hasn't gone as smoothly as planned, we do hope you have noticed improvements to the online renewal system. As we continue to work to get the bugs out, we are hopeful this new system will better serve your renewal needs!

REMINDER

CME during the COVID-19 Pandemic

The Royal College of Physicians and Surgeons of Canada Certification (MOC) program and the College of Family Physicians of Canada (Mainpro+) Program have:

- Extended the learning cycle by one year
- Waived the continuing credits requirements for the 2019-20 year.

While no credits are required to be submitted, any credits submitted will still be counted!

To learn more about the changes made see:

- Royal College of Physicians and Surgeons FAQ
- College of Family Physicians of Canada News Update

We want your exam results!

To help facilitate the licencing process, the College asks that you submit the results of your Certification Exams, including Medical Council of Canada, Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada, as soon as you receive them.

Please email cpssreg-assess@cps.sk.ca to notify the College of your results.

Tips for prescribing OAT safely.

Nicole Bootsman
Pharmacist Manager,
Prescription Review Program/
Opioid Agonist Therapy Program

Safe Prescribing for Patients Treated with Opioid Agonist Therapy

"Methadone does not have a sense of humor" – Doug Gourlay

The most common treatments to mitigate cravings and promote recovery for opioid use disorder (OUD) are buprenorphine (partial agonist) and methadone (full agonist). Buprenorphine/naloxone is the first-line option with its ceiling effect and reduced risk of respiratory depression (in the absence of alcohol and benzodiazepines) while facilitating treatment retention, reducing illicit drug use and decreasing mortality rates[1,2].

Co-prescribing CNS depressants (opioids, benzodiazepines, z-drugs, gabapentinoids, muscle relaxants) alongside Opioid Agonist Therapy (OAT) can significantly increase the risk of adverse effects, including overdose, and is relatively contraindicated. The risk is greatest during OAT initiation, titration and early stabilization.

Considerations When Co-prescribing with OAT:

- Obtain a thorough medication history, verified through PIP (assess patterns of early renewals, use of multiple prescribers/pharmacies)
- Determine if the patient has a sole prescriber agreement – if so, what are the expectations?
- Review urine drug screens
- Ensure non-pharmacological and lower-risk medications are optimized as part of a therapeutic stepwise approach
- Many drugs (e.g. gabapentin) have very specific indications and should only be prescribed for appropriate conditions
- ***Consult with the OAT provider prior to prescribing/ initiating a new CNS depressant medication*** (the OAT dose or dispensing schedule may require adjustment)
- Avoid co-prescribing high-risk combinations (especially with methadone)[3]
- Prescribe short courses of small quantities (e.g. dispensed daily or with OAT); initiate with short-acting therapies
- Provide patient education on risk mitigation strategies (e.g. access to a naloxone kit)
- Advise patients of the risks of combining OAT with alcohol, benzodiazepines, hypnotics
- Ensure appropriate follow-up is scheduled

1. Babu K, Brent J, Juurlink D. Prevention of Opioid Overdose. N Engl J Med 2019; 380: 2246-2255.
2. Coons C, Regier L. Opioid Use Disorder (OUD): Opioid Agonist Therapy (OAT). RxFiles 12th ed. Saskatoon, SK: RxFiles; 2019.
3. Koffel E, DeRonne B, Hawkins EJ. Co-prescribing of Opioids with Benzodiazepines and Other Hypnotics for Chronic Pain and Insomnia: Trends and Health Outcomes. Pain Med, 2020 (doi: 10.1093/pm/pnaa054).
4. Bech AB, Clausen T, Waal H, Saltyte Benth J, Skeiel. Mortality and causes of death among patients with opioid use disorder receiving opioid agonist treatment: a national register study. BMC Health Serv Res, 2019; 19, 440.

Concerning New Illicit Mix: 2-Fluorodeschloroketamine

Alberta is reporting the emergence of a newly identified psychoactive substance found in illicit concoctions[1,2]. 2-Fluorodeschloroketamine, a ketamine analogue, is more potent and lasts three times longer than ketamine[1]. Recreational use of ketamine (ingested, snorted, or injected) provides a dissociative effect while often leading to extreme reckless and paranoid behavior[3].

Ketamine does not have an antidote and overdoses are usually managed through supportive care and close monitoring[4].

1. Winger V. New street drug causes concern for RCMP. MountainVIew-Today, 2020. Available from: https://www.mountainviewtoday.ca/beyond-local/new-street-drug-causes-concern-for-rcmp-2756149?_cldee=anVsaWEuYmFyZWhhbUBjcHMuc2suY2E%3d&recipientid=contact-f501ede4f1d1e6118105480fcfeaa931-706443ef6b6546c9acd-8be3b4edf8b71&esid=dad9ed58-1807-eb11-a813-000d3af42c56.
2. Tang MHY, et al. Emergence of new psychoactive substance 2-fluorodeschloroketamine: Toxicology and urinary analysis in a cluster of patients exposed to ketamine and multiple analogues. FSI, 2020; 312.
3. Leaver R. Ketamine bladder: what community nurses should know. JCN, 2019; 33(5).
4. Bowman N. Ketamine. Toxicology Today, 2015; 17(2).

The Lengthened List of Monitored Drugs Explained

The 2019 Provincial Auditor's Report recommended regular review and update to the drugs monitored by the PRP. The last update to bylaw 18.1 occurred in 2012 when gabapentin and oxymorphone were added. The 2020 update aligns with the federal Controlled Drugs and Substances Act (CDSA) and reflects expert feedback on misused medications in Saskatchewan.

Baclofen

Muscle relaxants are often misused for sedating properties and overdoses involving baclofen have been associated with high morbidity and mortality[1].

Diacetylmorphine, Diphenoxylate, Remifentanil, Sufentanil, Tapentadol

Schedule I CDSA

Exempted Codeine Products

"Codeine" was expanded to include all codeine products, including lower doses obtained from the pharmacy with or without a physician/NP prescription.

Ketamine

Recreational use of ketamine is common and 129 Saskatchewan community prescriptions were filled in 2018-2019 (reduced from 207 in 2016-2017)[2].

Oxybutynin

https://medsask.usask.ca/documents/Oxybutynin-Misuse.pdf

Pregabalin

Gabapentinoids can cause euphoria with high doses, potentiating misuse[3]. NIHB has recently included pregabalin as a limited use benefit, with restrictions.

Tramadol

As with other opioids, tramadol can cause dependency and euphoria[7]. Federal regulations will be amended to include tramadol in the CDSA[8].

Zopiclone & Zolpidem

Prescribing should be short-term (e.g. 7-10 days) and involve similar cautions as benzodiazepines[4,5,6]. (zolpidem: Schedule IV CDSA)

Bylaw 18.1 outlines the written requirements for PRP medications.

medSask is a non-profit medication information service which has supported appropriate prescribing and medication safety by providing accurate, evidence-based information to residents and healthcare professionals in Saskatchewan for 45 years. Licensed pharmacists respond to drug queries 365 days a year through two toll-free telephone lines (one consumer, one healthcare professional) or email.

General information & contact info:
https://medsask.usask.ca/index.php

Navigating drug shortages:
https://medsask.usask.ca/professional-practice/drug-shortages.php

References

1. Trestman R, Appelbaum K, Metzner J. Oxford Textbook of Correctional Psychiatry. New York, NY: Oxford University Press, 2015.
2. Saskatchewan Ministry of Health Prescription Data. Provided by A. Kuntz.
3. Schifano F. Misuse and abuse of pregabalin and gabapentin: cause for concern? CNS Drugs 2014;28(6):491-496.
4. Cimolai N. Zopiclone: is it a pharmacologic agent for abuse? Can Fam Physician 2007;53:2124-2129.
5. Sanofi-aventis Canada Inc. Product Monograph: Imovane (zopiclone).
6. Valeant Canada LP. Product Monograph: Sublinox (zolpidem tartarate).
7. Government of Canada, Canada Gazette, Part I – Volume 152, Number 24. http://www.gazette.gc.ca/rp-pr/p1/2018/2018-06-16/html/notice-avis-eng.html
8. Government of Canada. Forward Regulatory Plan 2019-2021: Regulations amending Schedule I to the Controlled Drugs and Substances Act and the Schedule to the Narcotic Control Regulations to add tramadol and related substances. https://www.canada.ca/en/health-canada/corporate/about-health-canada/legislation-guidelines/acts-regulations/forward-regulatory-plan/plan/tramadol.html

Know your BILLING OBLIGATIONS

FREE MEDICAL SERVICES BRANCH ONLINE BILLING COURSE

By Carie Dobrescu
Medical Services Branch, Ministry of Health, SK

Medical Services Branch (MSB) offers an online billing course that outlines the process involved in billing – from getting started with MSB, physicians' billing obligations, appropriate application of service codes, to submitting and reconciling claims. The course is designed for beginners, as well as those who have previous billing experience. It is flexible, so start and stop at your leisure! Depending on your billing knowledge, the course could take between hours or days to complete.

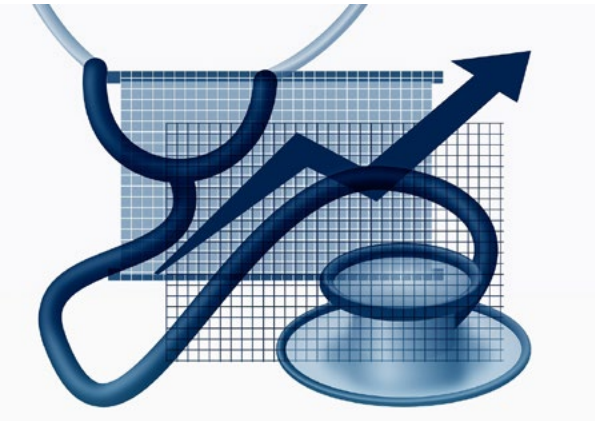
To SIGN UP for the course:

1. Click here: https://msbonlinebillingcourse.litmos.com/self-signup/
2. Enter the required information and use the following code: **OLBC**

If you have any questions regarding the Online Billing Course, please email MSBOnlineBillingCourse@health.gov.sk.ca or call 306-787-9011.

Additional Health Care Resources for Physicians found at this link:

https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx



FAXES GOING ASTRAY?

How to avoid delays and privacy breaches

Oops! I sent it to the wrong number!

Misdirected faxes can cause delays in treatment as well as privacy breaches, so it is important to "*get your faxes straight*"!

Human error, outdated contact information, or unintended interception of messages can all have negative consequences.

The **Office of the Saskatchewan Information and Privacy Commissioner** has put together some safeguards on avoiding and reporting privacy breaches when faxing personal information and personal health information. [https://bit.ly/3j1ZMFb] The recommendations include a checklist for what to do when a misdirected fax is sent or received.

See also the CMPA tips at https://bit.ly/33ZHNuA

Practice Enhancement Program

PEP talk!

Physicians Enhancing Medical Practice

What's new in Practice Enhancement?

Follow the link below to view the PEP's November newsletter and learn about:

- PEP and MCC
- PEP's new 'assessment streaming process'
- current practice tips
- new staff
- and more…

Continued on p. 19...

http://pepsask.ca/docs/PEP_talk_Nov2020_issue.pdf

COVID-19:

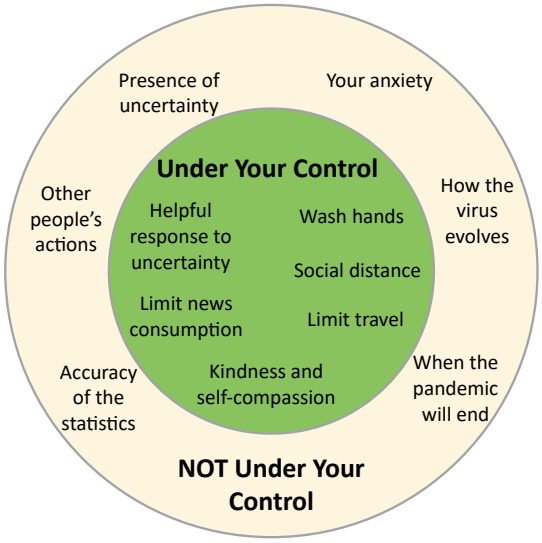
Uncharted territory, like sand shifting beneath our feet

By Brenda Senger, SMA

We started this journey with feelings of fear, vulnerability, anticipatory anxiety and uncertainty. Six months in, we're beginning to see the impact of uncertainty and waiting on our wellbeing. It's hard to prepare for the second wave when people are already feeling fatigued.

What can we do?

Deal with uncertainty. By taking action over the things we can control, avoiding externalizing, and understanding that the more responsibility we take, the more in control we feel.



Control only what is under your control.
Source: Inna Khazan

Challenge our need for certainty. Avoid catastrophizing: ruminating, magnifying, and the resulting sense of helplessness. We have to learn to better tolerate inevitable uncertainty.

Deal with chronicity. Focus on the present - trying to stay in the here and now, acknowledging what skills and gifts you bring to the situation today, developing strategies to manage your stress and anxiety more effectively, giving yourself permission to focus on self-care despite the occupational demands, and asking for support and assistance until you get it. Limit exposure to social media and endless news feed.

Use systemic strategies. Provide clear, transparent communication, avoid making changes for the sake of change, foster a culture of permission for self-care, acknowledge and appreciate the contributions of all members of the health team, provide resources and role model supportive leadership.

It's understandable that you feel tired, overextended, grumpy at times. What are you doing to re-energize? Do you let others in to support and nurture you? Are your expectations of yourself realistic? Self-compassion is crucial during these times – be kind to others but remember to be kind to yourself too.

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 theSaskatchewan Medical Association

Brenda Senger
Director
306-657-4553
brenda.senger@sma.sk.ca

Jessica Richardson
Clinical Coordinator (Regina/South)
at 306-657-4553
jessica.richardson@sma.sk.ca

Dr. Dennis A. Kendel Distinguished Service Award

The Dr. Dennis A. Kendel Distinguished Service Award is a prestigious award presented to an individual (or group of individuals) who has made outstanding contributions in Saskatchewan to physician leadership and/or to physician engagement in quality improvements in healthcare.

The award is presented during a special annual banquet organized by the Council of the College of Physicians and Surgeons of Saskatchewan.

Nominate a colleague you admire for the 2021 Kendel Award!

Nominations are open until September 30th of each year

Nomination packages for 2021 are available in the *For Physicians -> Awards and Recognition* section of the College website at

www.cps.sk.ca

or by writing to

OfficeOfTheRegistrar@cps.sk.ca

CCENDU RCCET
Canadian Community Epidemiological Network on Drug Use • Réseau communautaire canadien d'épidémiologie des toxicomanies

Stay updated on drug news in Saskatchewan and across Canada!

RURAL AND REMOTE MEMORY CLINIC

The Rural and Remote Memory Clinic (RRMC) has adapted to meet the circumstances of the COVID-19 Pandemic.

If you have patients for whom you have concerns about cognitive impairment or possible dementia, **we can do a diagnostic assessment remotely.**

If you have persons with cognitive impairment or dementia who need behavioural interventions, we can remotely work with families to help with day to day function or help patients or caregivers who are experiencing sleep disturbance.

For referral: Fax **306-966-1152** or Phone **306-966-5925**
Download our fillable referral form from:

www.remotememoryclinic.ca

UNIVERSITY OF SASKATCHEWAN

BE WHAT THE WORLD NEEDS

what language do YOU speak?

Do you speak, write or understand a language other than English?

How about sign language?

Register your language proficiencies online with the College at:

https://www.surveymonkey.com/r/cpss_language_survey

Write to communications@cps.sk.ca if you are experiencing difficulty entering your information online.

Saskatchewan Professionals in Infection Control
SASK PIC
IPAC - CANADA

Infection Prevention News Updates

https://saskpic.ipac-canada.org/picns-link-letter.php

HEALTH ACCOMPAGNATEUR INTERPRETATION SERVICES IN FRENCH

French-speaking newcomers | Seniors | Families

This free and confidential service has been established to help you as a health professional interact more effectively with your patients.

Patients who need an interpreter are encouraged to call

1-844-437-0373
(Toll free)

This is not an emergency service

We're Working for You

College of Physicians and Surgeons of Saskatchewan

101-2174 Airport Drive
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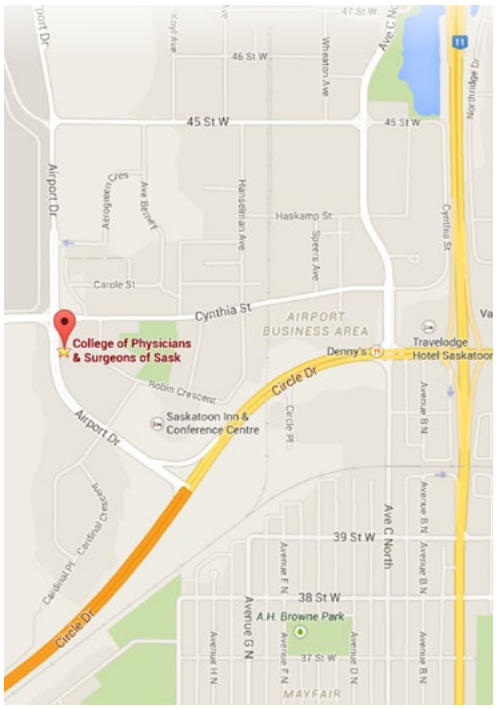
Phone: (306) 244-7355
Fax: (306) 244-0090
E-mail: cpssinfo@cps.sk.ca
Visit us at: www.cps.sk.ca

KEEP IN TOUCH

OUR LOCATION:



Senior Staff

Dr. Karen Shaw	Registrar
Dr. Werner Oberholzer	Deputy Registrar
Mr. Bryan Salte	Associate Registrar/Legal Counsel
Ms. Debra-Jane Wright	Director, Registration Services

OUR DEPARTMENTS

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E-mail	OfficeOfTheRegistrar@cps.sk.ca

Finance

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E-mail	accounting@cps.sk.ca

Communications

Telephone	1 (306) 667-4638
Media Inquiries	communications@cps.sk.ca

Quality of Care (Complaints)

Saskatoon & area calls	1 (306) 244-7355
Toll Free	1 (800) 667-1668
Inquiries	complaints@cps.sk.ca

Diagnostic Imaging & Lab Quality Assurance (Regina)

Office Address	5 Research Drive, Regina, SK S4S 0A4
Telephone	1 (306) 787-8239
E-mail	cpssinfo@cps.sk.ca

Prescription Review Program (PRP) & Opioid Agonist Therapy Program (OATP)

Telephone	1 (306) 244-7355
Anonymous Tip Line	1 (800) 667-1668
E-mail	prp@cps.sk.ca oatp@cps.sk.ca

Registration Services

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Certificate of Professional Conduct/Good Standing	cpssreg-cpc@cps.sk.ca