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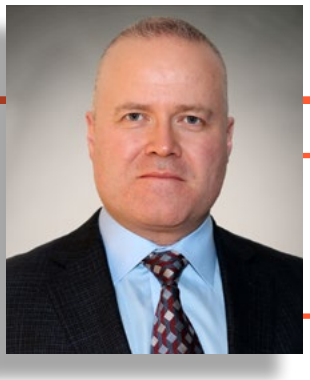
Do you have feedback to provide or a suggestion for an article to include in the next issue of DocTalk?

Submit your ideas & articles by **AUGUST 15, 2017** to COMMUNICATIONS@cps.sk.ca



FROM THE PRESIDENT

Dr. Alan Beggs
President, CPSS

Saskatchewan Health Regions, Physician Discipline in 2016, and the Opioid Crisis in Canada

As spring has arrived, Council has now held its second meeting of 2017. I would like to convey my sincere thanks to the members of Council, who have elected me to remain in the role of President for another year. I found that last year was very productive at the College, and in my role as President, I certainly hope to maintain the productivity of Council during 2017. As the year progresses, several areas of focus are capturing our attention and efforts.

Upcoming Changes to the Health Regions Landscape

The unification of all Health Regions in Saskatchewan into a single large region has, of course, been central in everyone's mind. Certainly the Regional Health Authorities, the Saskatchewan Medical Association (SMA), the College of Medicine and the CPSS have all been waiting anxiously for information to be handed down from the Ministry. To date, there has been very little information of a usable nature passed onto the CPSS to allow us to determine what, if any, impact the new region will have on our daily business. Certainly, the unified region will have implications with respect to physician oversight at the regional board levels which may impact our discipline processes. As far as we are aware, our direct role in licensure and public protection will not be significantly impacted. We predict that there will be restructuring of the physician manpower plan, and this may impact programs such as SIPPA, as well as other specialist recruitment initiatives. It is hoped that impacts to these areas will not dramatically affect how our registration department functions to aid physicians in securing appropriate licensure. We look forward to seeing how the unification advances, and how the relationship between the current regional medical authorities will evolve.

Physician Discipline in 2016

The year 2016 proved to be very productive for Council with respect to the timely management of discipline matters. Mr. Bryan Salte (Associate Registrar and Senior Legal Counsel) and Mr. Chris Mason (Legal Counsel) have worked with the Council to develop clear metrics to aid in the efficient resolution of discipline matters. As a result of the incredibly hard work of the legal department, we have seen a dramatic decrease in the backlog of discipline matters awaiting final disposition.

Certainly, there is still work to be done. I regret to report that new discipline matters continue to flow in at a relatively unprecedented rate. While we are unable to explain why there seems to be an increased prevalence of matters, the Council is working diligently with the College's legal counsel and Quality of Care to process these complaints as efficiently as possible. (Quality of Care has actually seen a slight decrease in the number of complaints compared to disciplinary matters which have increased 3x the normal volume.) I would once again encourage members to consider volunteering their valuable time to either investigation or discipline committees to aid in this important work.

The Opioid Crisis in Canada

The final point that I would like to touch on, is the looming opioid crisis in Canada. As a regulator, we work diligently via the Prescription Review Program to identify and assist practitioners whose prescribing practises have varied from what is considered the norm. Educational efforts always precede discipline in such situations. Dr. Karen Shaw and Ms. Julia Bareham (College Pharmacist) continue to offer insight and oversight into the prescribing of opioids and other controlled medications. While we all await the overdue guidelines from Health Canada, it behooves all of us who prescribe narcotics to carefully scrutinize our prescribing practices. Making certain that we, as care providers, are prescribing in a manner supported by the available medical evidence is a key factor in ensuring that narcotics are not being diverted. Physician awareness remains a major component in the plan to combat opioid misuse.

On behalf of the Council of your College of Physicians and Surgeons, I hope that you all have a warm end to the cold winter past, and here's to a long warm spring!!

FROM THE REGISTRAR

Dr. Karen Shaw
Registrar, CEO

Failure to Respond to College Requests for Information; Update on the Transition to a single Provincial Health Authority and what it means to the College; *and* Resiliency

Failing to Respond to College Requests for Information

Recently the College has taken action against a number of physicians who have failed to respond to College requests for information. Bylaw 16.1 College Requests for Information and Bylaw 16.2 Response to College Requests for Information outline the obligation of physicians to respond to such requests.

In requesting information the bylaw states:

> **16.1 College requests for information**
> *(a) The Registrar, the Deputy Registrar, the Executive Committee, the Council and the Standing Committees referred to in the bylaws of the College frequently request information and explanations from physicians. Prompt response to such requests is required if the College is to expeditiously* and effectively regulate the practice of medicine and comply with the objects of the Act.

When a physician is requested to provide information to the College, the request is made in writing either by mail and/or by email. Many of the requests are in response to complaints in the Quality of Care process, related to the work of the Prescription Review Program, or involve a concern that a physician has failed to respond to a request for information or documents related to their patients (third party request such as social services forms, WCB, SGI, etc.)

Bylaw 16.2 - Response to College Requests for Information sets out the requirements to respond. The physician's response to the request must be substantial, and provide the information or explanation requested to the best of the physician's ability to do so. The physician may be required to provide originals or legible copies of the documents requested and provide a printed record of the requested information if the documents are stored in an electronic computer storage form or similar form. The requested information should be provided to the College within 14 days of receipt of such a request. If a physician cannot respond within the 14 day timeframe, a request for additional time may be granted by the Registrar or Deputy Registrar upon request.

It is considered **"unbecoming, improper, unprofessional or discreditable conduct"** for a physician to fail to comply with Bylaws 16.1 or 16.2.

The College staff makes every effort to remind physicians if the College has not received the information within the timeframe requested. However, in the recent past we have had physicians who have been charged with unbecoming, improper, unprofessional or discreditable conduct for failure to comply. These physicians failed to respond despite multiple reminders.

Please ensure that your correspondence address on file with the College and your email address are kept up to date. You are required to advise the College at the earliest opportunity of any changes in these addresses.

We recognise that requests for information from the College can provoke anxiety in physicians. If that is the case, we recommend that you reach out to the Physician Health Program of the Saskatchewan Medical Association for assistance. If you require additional time please make your request to Dr. Micheal Howard-Tripp, the Deputy Registrar, or me. I cannot recall any circumstances where we declined a request to provide additional time. What is unacceptable is complete disregard of the request.

Transition to One Provincial Health Region

Since the Minister's release of the report *Optimising and Integrating Patient Centred Care*, College staff have interacted with the Chair of the report and have been monitoring the progress of the Transition Team towards the transition to a single provincial health authority. The provincial health authority vision has been articulated as follows:

- "One provincial health authority that is focused on better coordination of health services across the province will ensure patients receive high quality, timely health care, regardless of where they live in Saskatchewan.
- Establishing one provincial approach to plan and deliver health care services will break down geographical boundaries and service silos, to provide more consistent and coordinated health care services across the province. It will also increase efficiencies and reduce duplication in the health system.
- This does not mean health care services will be centralised or reduced.
- Arbitrary boundaries will no longer get in the way of special care placement and emergency medical services.
- Integrated systems will enable nurse, physicians and support staff to coordinate their efforts and serve you better.
- Administrative support will no longer be duplicated where it does not need to be."

The benefits of the transition to one provincial health authority have been reported as:

"Access to more consistent, quality and safe care

- Integrate services where it makes sense; more equitable access to specialized services.
- Province-wide plans to use health care assets in most efficient way; putting patients first.
- Standard policies and aligned/integrated programs = greater provincial consistency of care.

More streamlined, efficient and affordable health care system

- Better provincial coordination of services, not restricted by artificial administrative boundaries.
- Increased efficiencies and elimination of duplication = reinvestment in direct patient care.

More effective service delivery

- Provincial approach to plan and deliver services; putting resources where we need them.
- Sharing and pooling expertise for the benefit of patients.
- Easier collaboration and sharing of resources across geographic boundaries; less competition between regions to recruit health professionals.

Stronger accountability

- Easier sharing of info and data = more consistent data gathering and reporting.
- Enhanced issues and trend identification, ensuring appropriate and impactful resource allocation.
- System performance measurement improved, with needs of patients taking priority."

The transition team has made it clear that the transition to a single provincial health authority and the transformation of the health care system will need to engage physicians as leaders. At the most recent interaction with a Senior Medical Officers' Committee and the lead of the transition team, Ms. Beth Vachon, an announcement was made that Dr. Bruce Murray and Dr. Kevin Wasko would be co-leads in this process. Various aspects of the work streams with respect to transition are as follows:

- Governance, Legislation and Organisational Design,
- Clinical Health Services,
- Finance, Risk and Corporate Services,
- Human Resources, Labour Relations and Change Leadership,
- Information Management/Information Technology,
- Physician Co-Leadership.

Physicians are encouraged to consider how they can contribute to these work streams. Any physicians interested in this work should contact Dr. Bruce Murray, Dr. Kevin Wasko or the transition team lead Ms. Beth Vachon.

How does this affect the College's Work?

The College's work will be affected by the transition to a single provincial health authority.

The College operates the on behalf of the Ministry. The work of this program involves accreditation of the labs within the province. In order to accredit these labs the accreditation committee is comprised of individuals with specific expertise who are at arms-length from the labs being accredited. When the transition results in a single provincial health authority the committee composition will have to change to include more than 50% of the members from outside the province, in order to avoid potential conflict of interest. The College has been working with the College of Physicians and Surgeons of Alberta (CPSA) in the Western Canada Diagnostic Accreditation Alliance, and has adopted CPSA's standards for labs. The Lab QA program has provided assessors to CPSA in order to assist the CPSA program avoid potential conflict of interest after its province merged to a single health region.

The College will work on the change in processes as necessary to work towards implementing the change to include out-of-province assessors. One potential downfall is the increase in cost that will likely occur due to the increased costs of using out-of-province assessors.

The College also uses the current regional structure to assist in ensuring that post-SIPPA candidates are placed in clinical field assessments outside of the region in which they will eventually work. This includes the appointment of supervisors and also assessors. In the next few months we will be discussing how we can ensure that this work continues at arms-length when the new single provincial health authority is established.

Council has also considered whether it should change its electoral boundaries. The Council electoral boundaries currently mirror the regional health authority boundaries. Council considered the matter at its most recent Council meeting but deferred discussion until November, when it believes it may have additional information about the clinical service areas and whether electoral districts for Council election should be established to be consistent with the clinical service areas.

Resiliency

Lastly, I want to share some interesting resources that were referenced in an interesting article about resiliency from *The Lawyers Weekly*.

The article written by Ms. Rhonda St Croix, a leadership coach, indicates "the demands of today's volatile, uncertain, complex and ambiguous (VUCA) environment are placing extraordinary pressures on leaders. Work has become a constantly accelerating stream of to-dos accelerated by each technological advance. There has never been a more demanding time to lead, as leaders grapple with the world in transformation. Every CEO survey in the past 10 years emphasises the need to fundamentally re-think business models. The potential to be overwhelmed is great, particularly as high-performing people naturally want to achieve more while higher performing organisations, who attempt to operate leaner and leaner, pile more responsibility on people."

Ms. St. Croix states "many leaders lack the skills needed to cope and thrive which undermines performance and well-being. Indeed, it has never been more crucial to our productivity and wellness to build a more capable mind that is a much better match for the complex challenges we face."

Ms. St. Croix provides a number of resources including:

- Harvard business review article entitled '*Manage your Energy, Not your Time*'; Jeffrey Schwartz's book 'The Mind and the Brain';
- Ronald Heifetz's '*The Practice of Adaptive Leadership*';
- Dr. Dan Siegel's '*Mindsight: The New Science of Personal Transformation*'; '*Happify*' found at www.happify.com ;
- '*The Greater Good Science Centre of Berkley*' – http://greatergood.berkley.edu/work_career

Much of what Ms. St. Croix writes in her article strikes close to home. As we enter into a new phase of improving health care provision to the citizens of Saskatchewan, you may wish to review some of these resources in order to not only survive, but to thrive in our health care transition and transformation journey.

Dr. Karen Shaw
Registrar, CEO

Medical Assistance in Dying

Bryan Salte
Associate Registrar
and Legal Counsel

The Council of the College amended the policy related to medical assistance in dying at its March Council meeting. At the September 2016 meeting, the Council adopted a policy that addressed medical assistance in dying provided in hospitals or other RHA facilities.

The March amendments added detail about the College's expectations when dealing with patients who request self-administration of medications to cause death.

Those changes reflect the recommendations of the advisory group which was established by the Saskatchewan Government to provide recommendations for standards related to medical assistance in dying. The proposed amendments to the policy were provided to Saskatchewan physicians and others for comment. The policy was approved after considering the results from that consultation.

The policy is structured so that it sets out two expectations of physicians who are involved in providing medical assistance in dying:

1. The requirements which physicians must meet in order to comply with Canadian legislation;
2. Additional expectations established by the College related to medical assistance in dying.

The policy states the following expectations of physicians who are involved in patient self-administration of medical assistance in dying:

1. The physician must have authorization from the College to do so (this mirrors the expectation that physicians who intend to change their scope of practice only do so after receiving the College's permission);
2. The physician must have appropriate knowledge and technical competency;
3. The physician must take possession of the medication and provide it to the patient at the time and place agreed to between the patient and the physician;
4. The physician must have the necessary medications and equipment to administer intravenous medications to cause death if the patient's efforts at self-administration fail.

The amended policy is available on the College website at http://www.cps.sk.ca/imis/CPSS/Legislation__ByLaws__Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/Medical_Assistance_in_Dying.aspx.

The Council decided that this policy should be reviewed in September 2019 to determine if changes are appropriate. There may be changes to the legislation that require updating the policy. Additionally, more information may be available about patient self-administration which supports changes to the policy. Council's approach at this time is one of caution, particularly related to patient self-administration.

Physicians who participate in medical assistance in dying should be aware of all of the expectations of the policy.

Medical Assistance In Dying

These accredited courses are available through Joule™, the Canadian Medical Association's (CMA's) newest company.

Foundational online module on medical assistance in dying

This module provides information on medical assistance in dying that may be of interest to all practising physicians, so they can:

(1) understand what is involved,

(2) advise their patients and

(3) make an informed decision about whether they should include this in their practice.

This module would not be expected to provide participants with the training needed to provide comprehensive care at the end of life or medical assistance in dying.

Completion of the online module is encouraged for registrants in the advanced course.

This online foundational course is self-led and space is unlimited.

https://www.cma.ca/En/Pages/online-module-medical-assistance-dying.aspx

Advanced training for physicians

More and more Canadians are expected to ask a physician about medical assistance in dying (MAiD). In 2016, the CMA launched a self-led foundational online MAiD course that helps members understand the basics and have a conversation with their patients.

To help prepare members who are considering offering MAiD to their patients, Joule™ and the CMA have recently launched an advanced facilitated MAiD course. The four-week course is a follow-up to the foundational course and provides comprehensive in-depth education on topics related to medical assistance in dying, as well as advanced practical training for physicians. At the end of this course, you'll be able to confidently have the conversation with your patients and guide them through the process.

Register today

Space is limited for the advanced course and there are only 2 offerings starting on May 1 or September 18.
(Completion of the foundational self-led online module is recommended.)

The advanced course is also offered in an in-house format. Contact us at 1-800-663-7336 ext.8445 or at education@cma.ca for more information.

Credit: Information taken with permission from the CMA website at www.cma.ca.

Policy, Standard and Guideline Updates

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

Since the last Newsletter Council has adopted or amended a number of these documents. The title of the documents and a summary of their content follows:

POLICY - Informed Consent and Determining Capacity to Consent

Council approved combining the two previous policies, Determining Capacity to Consent and Informed Consent into one policy.

This policy is intended to:

1. Inform physicians of the requirements to obtain informed consent from patients;
2. Guide physicians in Saskatchewan when determining if their patients have capacity to consent to treatment;
3. Guide physicians in addressing situations where patients do not have capacity to consent to treatment; and,
4. Facilitate communication between physicians, patients and their families relating to medical treatment.

The document now also addresses obtaining consent from and communicating with patients with Limited English Proficiency. There are a number of resources listed at the end of the document which may assist physicians dealing with patients who have Limited English Proficiency.

The document addresses the following topics:

- Obtaining Informed Consent
- Procedures for Assessing Capacity
- Advance Health Care Directives
- Minors
- Patients With Limited English Proficiency

Click here to view full policy

POLICY - Medical Assistance in Dying

This policy is the subject of a separate article in this issue. The amendments to the policy are intended to address the College's expectations of physicians who are involved in patient self-administration of medical assistance in dying.

Click here to view full policy

Physicians should be aware of the policies, guidelines and standards which apply to them and their medical practices.

(Some of the documents on the website do not relate directly to medical practice, such as the policy document College Newsletter.)

Click on the links below to access the documents currently posted to the website that relate to medical practice :

- Assisted Reproductive Technology
- Clinics that Provide Care to Patients Who are Not Regular Patients of the Clinic
- Confidentiality of Patient Information
- Conflict of Interest
- Conscientious Objection
- Hepatitis B C HIV-Infected Physicians
- Infection Prevention and Control (IPAC) Guidelines for Clinical Office Practice
- Informed Consent and Determining Capacity to Consent
- Medical Assistance in Dying
- Medical Examinations by Non-Treating Physicians (NTMEs)
- Medical Practice Coverage
- Methadone Prescribing
- Patient-Physician Communication
- Patient Physician Communication Guidelines using Electronic Communication
- Patient-Physician Relationships
- Patients Who Threaten Harm to Themselves or Others
- Physician Disclosure of Adverse Events and Errors that Occur in the Courts of Patient Care
- Physicians Accessing Patient–specific Information from the Pharmacy Information Program (PIP)
- Physicians and Health Care Emergencies
- Physicians at Risk to Patients
- Physician Certification of Work Absence or Accommodation Due to Illness or Injury and Completion of Third Party Forms
- Physician Obligations Regarding Medical Certification of Death
- Physicians/Surgeons Leaving Practice
- Saskatchewan Opioid Substitution Therapy Guidelines and Standards
- Sexual Boundaries
- Standards for Primary Care
- The Practice of Telemedicine
- Transfer of Patient Records
- Treating Employees
- Ultrasound for Non-Medical Reasons
- Unplanned Pregnancy
- Unproven and Unconventional Treatment
- Withdrawal of Physician Services During Job Action

GUIDELINE - Medical Practice Observation /Experience

An amended guideline entitled Medical Practice Observation/Experience was approved to replace the guideline Job Shadowing. This new document addresses physicians who have unlicensed individuals, including students or unlicensed international medical graduates, involved in their practice as observers.

The guideline emphasizes the obligation of physicians to be responsible for all of the actions of the observer in their practice. The policy emphasizes that the physician's responsibility includes meeting with patients to discuss the observer and the observer's role and only permitting the observer to be present with the physician and the patient if the patient consents.

The observer must understand the need for confidentiality and must have signed a confidentiality agreement. A sample confidentiality agreement is part of the guideline.

There are several things which the guideline does not permit. Those include:

- Providing any compensation to the observer
- Receiving any compensation from the observer
- Allowing the observer to make a diagnosis, give medical advice or prescribe treatment
- Relying upon the examination, history or assessment performed by the observer when determining diagnosis or management of a patient
- The observer using a title such as "doctor", "physician assistant", etc.

Click here to view full guideline

POLICY - Methadone Prescribing

Council approved amendments to the titles and content of the four existing Methadone Prescribing policies, which will now be:

- Methadone Prescribing for MAINTAINING (Non-Initiating) Physicians for Pain
- Methadone Prescribing for INITIATING Physicians for Pain
- Methadone Prescribing for MAINTAINING (Non-Initiating) Physicians for Opioid Use Disorder
- Methadone Prescribing for INITIATING Physicians for OPIOID USE DISORDER

The language in the policies was also amended to reflect Council's approval of the name change of the *Methadone Program* to the *Opioid Agonist Therapy Program* to be more reflective of the therapeutic options available to treat Opioid Use Disorder.

Click here to view full policy

GUIDELINE - Patient-Physician Communication

This guideline is intended to assist physicians to communicate more effectively with their patients.

Minor changes to the guideline were approved by Council, including a link update to the Ontario College of Physicians and Surgeons document, *Duties of Physicians to the Patient – Communicating with Patients and Others*, and the addition of a section on resources for physicians.

Click here to view full guideline

GUIDELINE - Physicians and Health Care Emergencies

This guideline sets out the College's expectations of physicians if there is a Health Care Emergency such as natural disaster or an epidemic.

Council approved this policy without change with a sunset date of 5 years (until 2022).

Click here to view full guideline

GUIDELINE - Unplanned Pregnancy

This guideline addresses patients who experience an unplanned pregnancy, with an emphasis on the College's expectations of physicians if the patient may be contemplating termination of the pregnancy.

Council approved the policy with a small change to reference the College's Conscientious Objection Policy and set a sunset date of 5 years.

Click here to view full guideline

The full versions of all CPSS Policies, Standards and Guidelines are available on the College Website at

www.cps.sk.ca

Entry to the SIPPA Program: Minimum Requirements

Barb Porter
Director,
Physician Registration

S ASKATCHEWAN
I NTERNATIONAL
P HYSICIAN
P RACTICE
A SSESSMENT

Applicants have been advised by the College that they will be required to meet the revised criteria in order to be accepted to participate in SIPPA.

The College does not participate in the selection of applicants for the SIPPA program.

The SIPPA program has revised the minimum entry requirements for internationally educated family physicians.

Effective September 2017, applicants who wish to be selected for the SIPPA program must demonstrate that they have:

A pass standing on the MCCEE; MCCQE1

AND

Completed the NAC OSCE (written in 2014 or later) with a minimum score of 75;

OR

A pass standing on the MCCQE2 and have obtained the LMCC credential

INFECTION PREVENTION

News Updates

The **IPAC Link Letter** is a monthly review of highlights and linked updates from the ever-changing world of Infection Prevention and Control to help you stay current and informed

http://www.ipac-canada.org/IPAC-SASKPIC/PICNSlinkletter.php

Are you a Resident Completing Training in 2017?

APPLY NOW!

Residents nearing the end of their training program (and intending to practise medicine in Saskatchewan) must apply for a licence with the College of Physicians and Surgeons of Saskatchewan.

Applicants should apply a minimum of six weeks prior to the date they wish to start to practice to avoid delays at the end of the academic year.

Qualifying for a Regular Licence in SK (Family Medicine or Specialty Practice)

Applicants must have:

- obtained the LMCC and have official results available*;
- satisfactorily completed his/her postgraduate training program and have access to the completion certificate;
- certification with the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada and have results available.

*Registration Services will confirm your pass results on lists that we receive from the CFPC and Royal College - timing of receiving these lists may impact your practice start date.

Qualifying for a Provisional Licence (with restrictions)

Residents who DO NOT meet the requirements for REGULAR licensure may be eligible for a PROVISIONAL LICENCE (with restrictions). Applicants must have:

- successfully completed the MCCEE or MCCQE1;
- satisfactorily completed his/her postgraduate training program and have access to the completion certificate;
- continued eligibility with the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

On a PROVISIONAL LICENCE (with restrictions), the physician is restricted to practising under supervision**.

Supervision includes:

- reviews of charts;
- chart stimulated discussion with the physician being supervised;
- reports to the CPSS at regular intervals on a form provided by the CPSS.

Obtaining some of the required documentation for licensing can be time consuming.

Please allow ample time between the date of your program completion and your practice start date.

We cannot guarantee a start date to your licence.

A licence will not be issued until:

- all of the necessary arrangements for practice supervision are complete

  AND

- all of the required documentation has been received by the CPSS Registration staff.

Either licence will require you to:

- renew annually online on or before November 1
- be enrolled in a CME program and provide us with the cycle dates of this program

For more information, call the College's **Registration Services at (306) 244-7355**

** **Physicians are responsible for the cost of the supervision and may be required to assist the College in locating a willing supervisor.**

Changes to Supervised Practice

for Family Physicians and Specialists

At its January 2017 meeting, Council approved changes to the current model of supervised practice for family physicians and specialists.

When the changes are implemented, supervision will include:

- **regular reviews** of the practice though chart reviews and chart stimulated discussion (see schedule of reviews/visits below);
- **discussion** in person or via telephone between practice supervisor and the supervised physician;
- **review 5-10 charts per review.** Chart reviews should include a broad cross section of medical conditions including chronic disease management and common presenting complaints as evidenced by the physicians portfolio (For those disciplines that do not include patient charts, the CPSS will work with the supervisor to develop acceptable alternatives to chart reviews);
- **visit to the practice** for a minimum of two days of observed practice during Year 1 of supervised practice;
- **review** of continuing professional learning activities;
- make **recommendations regarding improvements** to practice and continuing professional learning activities to enhance practice. The physician being supervised must meet revalidation requirements for annual registration renewal through registration with and participation in the continuing professional learning program of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

In addition, the College will conduct a **360 Degree Survey** with physician and non-physician colleagues for the purpose of identifying communication, record keeping and professionalism issues early and direct physicians toward resources to address deficiencies.

Feedback from the 360 Degree Survey will be shared with the supervised physicians.

The College is developing an on-line orientation for the practice supervisors as well as tools to support the observed practice. Changes to supervision will be implemented as soon as the resources are developed to support observed practice.

Physicians with Regular Licences:

Consider Practice Supervision

If you are approached to support the new physicians of Saskatchewan by acting as a practice supervisor, ***please consider accepting this responsibility*** if you have been practicing on your regular licence for a period of 3 years or more.

New graduates who have not passed all their examinations cannot practice medicine independently unless a practice supervisor is willing and able to accept this responsibility.

Practice supervision includes:

- a review of charts
- chart stimulated discussion with the physician being supervised; and
- reports to the College at regular intervals on a form provided by the College.

English Language Proficiency Requirements

CPSS bylaws require that applicants demonstrate English language proficiency.

Currently, two examinations* are acceptable for demonstrating proficiency in English:

i. IELTS academic version taken within the previous 24 months, with a minimum score of 7.0 in each of the components; or,
ii. TOEFL IBT academic version taken within the previous 24 months, with a minimum score of 24 in each of the components.

UNLESS

The applicant's undergraduate medical education was taken in English in Canada, the United States or one of the other countries that is identified by the Federation of Medical Regulatory Authorities of Canada as having English as a first or native language**.

OR

The applicant is currently in a post-graduate medical education program in the United States or Canada or one of the other countries that is identified by the Federation of Medical Regulatory Authorities of Canada as having English as a first and native language and the applicant previously met one of the requirements of (i) or (ii) in order to enter into that postgraduate training program.

OR

The applicant is currently in practice in Canada or the United States or one of the other countries that is identified by the Federation of Medical Regulatory Authorities of Canada as having English as a first or native language and the applicant met one of the requirements of (i) or (ii) to be admitted to postgraduate training or practice in that country.

*** IMPORTANT:** National registration requirements have changed recently and the TOEFL examination is no longer accepted as an examination option.

As a result, **effective January 1, 2018** the CPSS will no longer accept the TOEFL IBT as a demonstration of language proficiency. The College will work to revise the current bylaws to align with changes to the National Registration Changes.

Countries with English as a First or Native Language:

Countries	Caribbean Islands
Australia	Anguilla
Bahamas	
Bermuda	Antigua and Barbuda
British Virgin Islands	Barbados
Canada ***see note on right*	Dominica
Ireland	Grenada
New Zealand	Grenadines
Singapore	Jamaica
South Africa	St. Kitts and Nevis
United Kingdom	St. Lucia
United States of America	St. Vincent
US Virgin Islands	Trinidad and Tobago

** Note:

Canadian applicants with medical education from the University of Montreal, Sherbrooke, Laval, and the University of Ottawa (French stream) will be required to meet English language proficiency requirements.

Continuing Medical Education

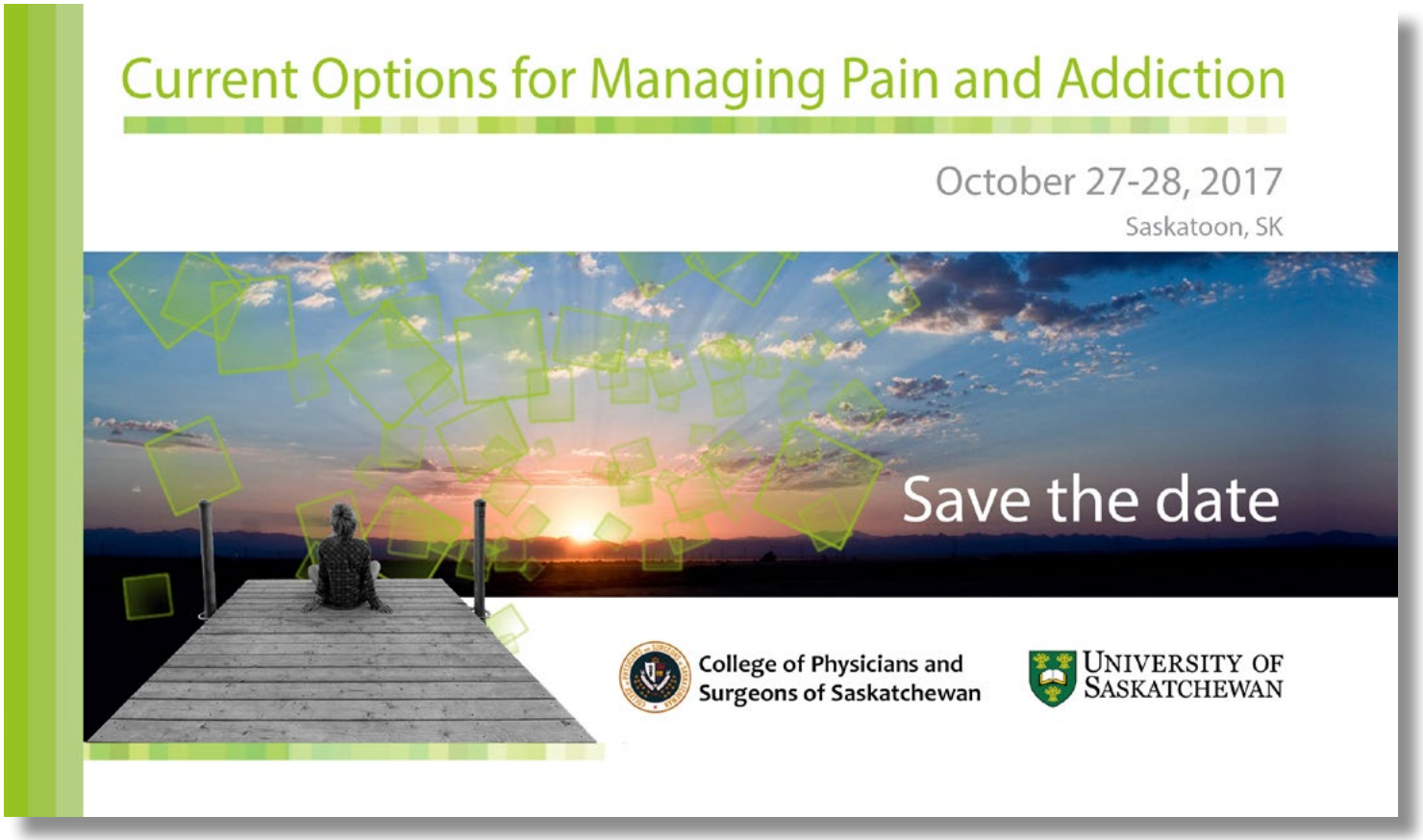
Professional Development Opportunities for your Learning Cycle

The College website features a section with links to several different conferences and other educational opportunities which may be of interest to you.

REMEMBER: Physicians are obligated to complete a certain number of educational credits over a learning cycle period in order to be eligible to renew their licence.

The College's website features some information concerning online and in person educational opportunities for your convenience. Many of the suggested conferences and workshops listed are accredited.

For the lastest list of upcoming continuing medical education opportunities, visit **cps.sk.ca** and click on the **CME-Professional Development Opportunities** link (blue box to the right on the homepage).

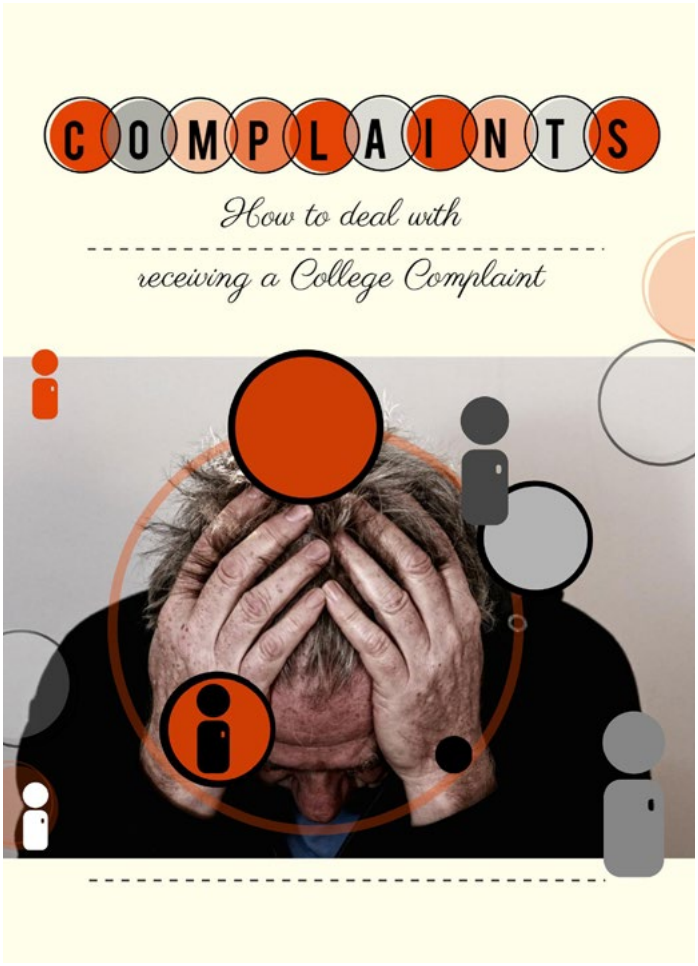


You've received a College Complaint - What Now?

Dr. Micheal Howard-Tripp
Deputy Registrar

While there may be some physicians who receive few or no complaints, approximately 60% of practising physicians will at some time or the other receive an unsolicited patient complaint[1]. This may occur directly to you or your staff, may result in a letter to the Health Region, a story on the 6 o'clock news, or as a formal complaint to the College of Physicians and Surgeons.

Certain parameters, including field of practice, may explain why some physicians receive more complaints than their peers, however; some 10% of physicians account for about 50% of all patient complaints[1]. During 2016, the majority of complaints dealt with by the College related to concerns about treatment and care, the quality of the interaction, communication and assessments, tests and diagnoses[2].



The Quality of Care Department receives the majority of patient complaints and reviews the responses from physicians. It has been noted that some physician responses assist in expediting the satisfactory closure of the file while other responses actually inflame the situation and can cause dissatisfied complainants to pursue committee reviews, appeals, and even civil action.

The Process

The Quality of Care complaints process is intended to be educational and should therefore be viewed as a quality improvement opportunity. No matter how well you believe you did, by virtue of the fact that somebody took the time to submit a complaint to the College, it follows that there was some aspect of the care you provided that was not appreciated by the patient. Complaints managed through the Quality of Care process do not form part of a physician's personal file and are not reflected on certificates of professional conduct. In addition, any information collected through the Quality of Care process is protected under section 60 of *The Medical Profession Act 1981* and cannot be used as evidence in any other process.

Reacting to Receiving a Complaint

No matter how trivial you believe the complaint to be, the College has a legislated responsibility to review all patient concerns submitted and to provide a reasonable and timely response to the complainant.

The first mistake a physician can make is to ignore the complaint or not take it seriously. Failing to respond to the inquiry can be grounds for escalating an otherwise benign issue to the disciplinary process.

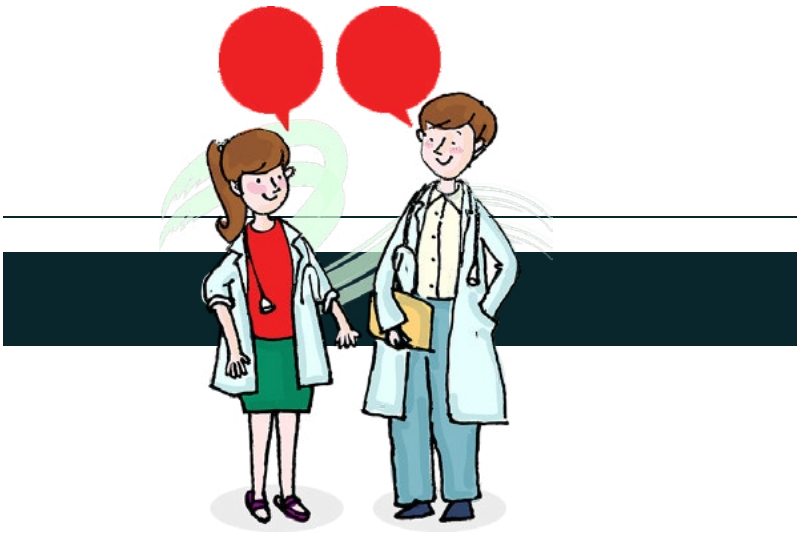
A complaint is therefore a perfect opportunity to engage in some self-reflection and to ask the question "how could I have done better?" Engage the clinic staff and your colleagues in the discussion as a large number of complaints reflect systemic problems

that are better addressed as a team. Having an exit process for reviewing patient satisfaction with the clinic experience may directly address concerns before they escalate into a formal complaint.

What to Do

We realize responding to a complaint can be stressful. Our department would like to offer some guidance when facing a complaint and drafting your response. The first thing to remember is that the majority of responses are sent to the patient for review. Your response should be written in such a way that the patient can understand your explanation. If there is additional information that you would like to provide to the College, you may do so in a separate letter advising that the additional information is to assist in understanding the circumstances through which the complaint arose and providing reasons for requesting that the information not be shared with the complainant.

- **Acknowledge** that something happened to result in a complaint and accept responsibility. Thank the patient for the opportunity to reflect on the issues he/she has raised.
- Honestly reflect upon the **care** you provided and attempt to learn at least one thing from the interaction. Share what you learned. Suggest how you might use that knowledge to benefit future patients.
- Honestly reflect upon the **communication style** you used. At times we physicians don't realize that our communication style is not effective for certain patients. If there are improvements you could make in your communication, acknowledge these and the opportunity to improve.
- **Take responsibility** for the behaviour of your staff and offer staff training or specific feedback based on a complaint.
- If an **apology** has been requested, consider providing one. Apologies are not admissions of guilt or wrong doing. They give you a chance to let the patient know you are sorry that they were not satisfied, or that they had a complication, or that you could not meet their expectations.
- Offer **condolences** to the family if the patient has died.
- Consult the **CMPA**[3] if you are unsure about how to respond.
- Consult the **Medical Advisory Committee of the SMA** or contact the physician advisors in the Quality of Care department if you have specific questions about how to respond.
- Supply all of the **chart notes and report**s that are requested in your letter from the College.
- Submit your entire response by the **deadline** provided in your letter from the College. If extenuating circumstances prevent you from responding in the time frame allotted please call the College and request an extension.
- DO NOT be rude or defensive.
- DO NOT mislead the College.
- DO NOT alter your medical records after receiving a complaint. If you wish to add additional information that you feel reflects the patient interaction more accurately, do so on a separate sheet of paper and clearly indicate that it is an addendum and date and time when you added the additional information.



1. https://www.ncbi.nlm.nih.gov/books/NBK43703/. Accessed March 15, 2017
2. CPSS Annual Report 2016 (under development)
3. https://www.cmpa-acpm.ca/web/guest/-/what-to-do-when-facing-a-college-complaint. Accessed March 15, 2017

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 seven discipline matters completed since the last Newsletter report.

Dr. Susan Bell

Dr. Bell admitted unprofessional conduct by not responding to communications from the College and not providing copies of patient charts within a reasonable time. The records were required for the purpose of a potential adoption of children.

Dr. Bell's health information and stresses within her practice were significant mitigating factors related to the appropriate penalty.

Council ordered the following:

1. A reprimand in a form to be determined by Council;
2. A requirement to practise under supervision;
3. A requirement to provide reports related to her practice;
4. A requirement to follow treatment recommendations from her physicians;
5. An order that Dr. Bell pay costs of $1,230.

Dr. Lanishen Bhagaloo

Dr. Bhagaloo admitted unprofessional conduct in relation to the distribution of material advertising the clinic which he and Dr. Nivas Juggernath had opened. Among the elements of the charge were that addresses for some of the individuals to whom the notices were sent were obtained from medical records and that the notices contained information not related to the provision of ongoing care or continuity of care for patients.

The Council accepted a joint submission put forward by the Registrar's office and counsel for Dr. Bhagaloo. Council ordered:

1. A reprimand;
2. A requirement to complete the BMJ learning module on confidentiality and review the resources available from the Canadian Medical Association and the Canadian Medical Protective Association on confidentiality;
3. An order that Dr. Bhagaloo pay costs of $3,664.00.

Dr. Nivas Juggernath

Dr. Juggernath admitted unprofessional conduct in relation to the distribution of material advertising the clinic which he and Dr. Lanishen Bhagaloo had opened. Among the elements of the charge were that addresses for some of the individuals to whom the notices were sent were obtained from medical records and that the notices contained information not related to the provision of ongoing care or continuity of care for patients.

The Council accepted a joint submission put forward by the Registrar's Office and counsel for Dr. Juggernath. Council ordered:

1. A reprimand;
2. A requirement to complete the BMJ learning module on confidentiality and review the resources available from the Canadian Medical Association and the Canadian Medical Protective Association on confidentiality;
3. An order that Dr. Juggernath pay costs of $3,664.00.

Dr. Jordan Velestuk

Dr. Velestuk admitted unprofessional conduct by removing a quantity of Ketamine from Pasqua Hospital in Regina for personal use.

A significant factor in the penalty was Dr. Velestuk's health information. Council accepted a joint submission put forward by the Registrar's Office and Dr. Velestuk's legal counsel.

Council ordered the following:

1. A reprimand;
2. A prohibition against practising as a critical care associate, a surgical assistant or an emergency room physician. This will not prevent him from providing care in an emergency department if he is on call or treating his own patients;
3. A requirement that he participate in a program of random fluid screening through the Physician Support Program and follow the recommendations of the program;
4. An order that Dr. Velestuk pay costs of $7,386.25.

Dr. Pierre Hugo

Dr. Hugo admitted unprofessional conduct by failing to maintain the standard of practice of the medical profession in relation to prescribing Prescription Review Program medications. A significant mitigating factor was that the prescribing had occurred in the years 2010 through 2012 and that Dr. Hugo's prescribing of these medications was no longer of concern to the College.

Council ordered the following:

1. A reprimand in a form to be determined by the Council;
2. A suspension for one month to begin no later than April 24, 2017;
3. A requirement to take a prescribing course;
4. A requirement to take a record-keeping course;
5. An order that Dr. Hugo pay costs of $3,000.

Dr. Leon Jansen Van Rensburg

Dr. Jansen Van Rensburg admitted unprofessional conduct by failing to maintain the standard of practice of the medical profession in relation to prescribing Prescription Review Program medications.

At the date of the penalty hearing Dr. Jansen Van Rensburg was no longer licensed as he had not passed the Medical Council of Canada examinations which were required by the licence which had been issued to him.

Council ordered the following:

1. A reprimand in a form to be determined by the Council;
2. A suspension for one month to begin immediately;
3. A requirement to take a prescribing course;
4. A requirement to take a record-keeping course;
5. A requirement that he would not be eligible to apply for relicensure until he provides proof that he has completed the prescribing course and the record-keeping course;
6. An order that Dr. Jansen Van Rensburg pay costs of $3,000.

Dr. Alistair Dudley

Dr. Dudley admitted unprofessional conduct. The primary conduct of concern in the charges was in relation to improper and sexualized questions and comments directed to four female patients.

Council ordered the following:

1. A reprimand in a form to be determined by the Council;
2. A suspension for four months to begin not later than February 21, 2017;
3. A requirement to provide an undertaking to the College that he will establish a relationship with a mentor to review issues related to boundary violations;
4. A requirement to provide an undertaking to the College that he will actively participate in the Physician Health Program and follow the recommendations of the program;
5. A requirement to provide an undertaking to the College that he will work with the Physician Health Program to determine if an ADHD coach, couples counselling, Substance Abuse Subtle Screening Inventory or monitoring of alcohol use is recommended, and if recommended, to comply with the recommendations;
6. A requirement to provide an undertaking to the College that he will not have any professional interactions with female patients in connection with his office practice except in the presence of a chaperone;
7. A requirement to provide an undertaking to the College that he will post signs in his clinic stating that he will not see female patients without the presence of a female chaperone;
8. An order that Dr. Dudley pay costs of $3,000.

The Council approved a reprimand to be sent to Dr. Dudley which stated the following:

You, Dr. Alistair Dudley, having been found guilty of professional misconduct while practising medicine in the province of Saskatchewan, are hereby reprimanded by the Council of the College of Physicians and Surgeons of Saskatchewan.

Your actions have had a grave impact on the emotional health of the patients who have been deeply affected by your behavior. You have brought disrepute on yourself and onto the profession of medicine.

Your actions have called into question the ability of patients to trust their physician which is essential for effective delivery of health care. Additionally, Council wishes to stress their abhorrence of the fact that your actions impacted on the wellbeing of a minor. The words of the distraught mother of one of your deeply affected patients reflect the harm you have caused.

The Council of the College of Physicians and Surgeons of Saskatchewan recognizes your acceptance of responsibility for your actions and the steps you have taken, and must continue to take, to avoid such actions from occurring again. Unfortunately, in no way does this diminish the suffering you have caused to your victims, their families, and indeed your own family and colleagues.

Take these words of reprimand to heart. If, and when, you elect to return to the practise of medicine, the Council hopes that you will reflect on your actions and the harm they have caused.

Your actions cannot be undone. Ensure that your remaining career is spent in the tireless pursuit of making amends for your past actions by ensuring your exemplary actions with future patients whose care is entrusted to you.

Dr. Alan Beggs, President of Council
College of Physicians and Surgeons of Saskatchewan.

LQAP

64 Laboratories to be Assessed

The Laboratory Quality Assurance Program (LQAP) is preparing for laboratory assessments in four health regions in 2017.

A total of 64 facilities will be undergoing assessment. This will be the second year the LQAP is using the standards from the Western Canadian Diagnostic Accreditation Alliance.

OPPORTUNITY

CPSS Seeking **IMAGING PHYSICIANS** to perform audits

The Diagnostic Imaging Quality Assurance Program (DIQA) continues its auditing process for medical imaging and is seeking imaging physicians (radiologists, obstetricians and cardiologists) interested in performing audits.

FOR MORE DETAILS, contact Marg Zahorski:

Marg.Zahorski@cps.sk.ca

DID YOU KNOW

The **Methadone Program** is now called

The Opioid Agonist Therapy Program (OATP)

Find out more about the OATP on the College's website at:

http://www.cps.sk.ca/imis/CPSS/Programs_and_Services/Opioid_Agonist_Therapy_Program

Meet CPSS' *First Interns*

The College recently participated in a specialty rotation intern placement program in collaboration with the College of Pharmacy at the University of Saskatchewan. This was their experience in learning about the Prescription Review Program and all that the College does.

Lin Wang

(Fourth Year Pharmacy Intern)

I did my SPEP (Structured Practice Experience Program) specialty rotation with Julia Bareham and the Prescription Review Program (PRP) at the College of Physicians and Surgeons of Saskatchewan (CPSS).

CPSS staff are friendly and helpful; Dr. Shaw, Barb Porter, Chris Mason and Leslie Frey all took the time to introduce me to what the regulatory body does and what their roles are in the organization.

I spent time with many fabulous physicians working in addiction or chronic pain treatment, including Dr. Peter Butt, Dr. Morris Markentin, Dr. Gordon McAllister, Dr. Larissa Pawluck and Dr. Murray Opdahl. I was very lucky to have the opportunity to shadow their practice, and had good discussions with them. I also had the chance to discuss with Dr. Werner Oberholzer of the Saskatchewan Medical Association about a variety of topics including collaborative practice, medical cannabis, situations in Northern Saskatchewan and minor ailment prescribing.

Lin Wang (centre right) and the PRP Team

I visited a mental health and addictions clinic (Brief and Social Detox unit), the Mayfair pharmacy, and took naloxone training in the Mayfair clinic. Talking to addictions counselors and patients there was a new experience for me.

By participating in PRP monitoring activities, I gained a better understand of the PRP and what staff are doing to educate physicians and promote appropriate prescribing for PRP medications. I helped add Beers Criteria to the PRP explanation letter.

I participated in projects such as developing a Gabapentin Brochure for patients, an *Opioid Prescribing Checklist for Chronic Pain for prescribers*, a patient tool called *Questions to Ask Doctors when Opioids Are Prescribed,* and the *saskpainaddiction* website now under development.

The best part of the rotation was that Julia gave me opportunities to choose what I wanted to experience, and I was part of planning what I did in this rotation.

This rotation experience was an eye opener, and it opened a few doors for me. I find addiction treatment interesting and rewarding. It includes more than just opioid substitution therapy and involves patient-centred health care team collaboration. Chronic pain is another area in which I found the more I learned, the more I realized how little I knew. I am glad that I chose this non-traditional pharmacy rotation site - I learned so much!

...continued on p. 23

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

CCENDU IS ON FACEBOOK!

Stay updated on drug news in Saskatchewan and across Canada!

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

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

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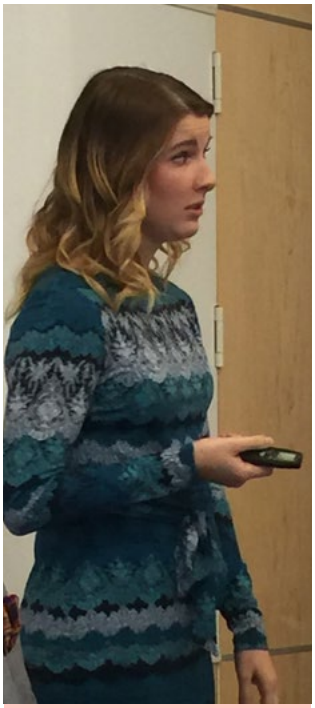


Arielle Sherman presents on her experience to College Staff.

Arielle Sherman
(Fourth Year Pharmacy Intern)

I was fortunate to spend 5 weeks at the Prescription Review Program (PRP) for my Specialty Rotation. In addition to working with the wonderful staff in the office, I travelled all over Saskatoon, getting a behind the scenes look at the health care system.

My daily adventures included shadowing physicians at methadone clinics, spending time at the acute detox unit, speaking with an addictions counsellor and observing a dispensary with a large methadone operation. I had the chance to meet with everyone at the College of Physicians and Surgeons of Saskatchewan, including lawyers, physicians, the Quality of Care department and Registration Services.

All of these experiences allowed me to gain a better understanding of how the College of Physicians and Surgeons operates. I also worked on several projects including writing articles for DocTalk, creating educational material for pharmacies and spending time with the PRP manager and analyst. Throughout this experience, I learned a tremendous amount of valuable skills that I will take into my future pharmacy practice.

Thank you to the staff at the College of Physicians and Surgeons of Saskatchewan and especially to the Prescription Review Program - this was the greatest rotation of my pharmacy education!

Dr. Dennis A. Kendel Distinguished Service Award

Nominate a colleague for the 2017 edition!

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 in November of each year.

Nominations are open until September 30, 2017.

NOMINATION PACKAGES
are available on the College website at

http://www.cps.sk.ca/iMIS/Documents/Dr%20Kendel%20Service%20Award%20-%20Nomination%20Package.pdf

or by contacting Sue Waddington at:

OfficeOfTheRegistrar@cps.sk.ca

Have you been practicing for 40 years or more in Saskatchewan?

You may be eligible for

SENIOR LIFE DESIGNATION

If you have practiced in Saskatchewan for 40 consecutive years or more, or if the only interruptions in your practice were for service in the armed forces or to take postgraduate training, and you have not yet received your Senior Life Designation, please let us know! Physicians with this designation are presented with an award at an official Council Banquet in November of each year.

CONTACT

Sue Waddington at

OfficeOfThe Registrar@cps.sk.ca

or at **306-244-7355**

Serving our members 2017

The Council and Senior Staff of the College of Physicians and Surgeons of Saskatchewan

Back Row, left to right: Sue Waddington, Chris Mason, Dr. Preston Smith, Art Battiste, Ron Harder, Dr. Grant Stoneham, Dr. Brian Brownbridge, Dr. Mark Chapelski, Dr. Pierre Hanekom, Bryan Salte, Ken Smith, Dr. Olawale Igbekoyi, Dr. Edward Tsoi, Dr. Adegboyega Adewumi, Barb Porter, Dr. Jim Carter, Marcel de la Gorgendiere, Dr. Suresh Kassett, Dr. Oluwole Oduntan, Caro Gareau.

Front Row, left to right: Susan Halland, Dr. Micheal Howard-Tripp, Dr. Karen Shaw (Registrar), Dr. Alan Beggs (President), Dr. Julie Stakiw (Vice President), Dr. Tilak Malhotra.

NOTICE TO MEMBERS

Annual General Meeting

The Council of the College of Physicians and Surgeons of Saskatchewan invites College members and the public to attend its **Annual General Meeting (AGM)** at 12:00 p.m. on September 29, 2017.

NOTE: *Due to limited seating, we request that individuals wishing to attend please reserve a seat in advance.* Please contact Sue Waddington at OfficeOfThe Registrar@cps.sk.ca for details.

Educational Session

In lieu of the traditional format of holding its AGM in conjunction with a series of short presentations on a viariety of topics, Council has elected to hold a **two day conference on the topic of Pain and Addiction Medicine** in collaboration with the Prescription Review Program and the University of Saskatchewan.

The session will held on October 27-28, 2017.

More details on these events will be made available on the College website and in the next issue of DocTalk.

2C-B and Other Illicit Drugs Surfacing Today

A Brief Overview

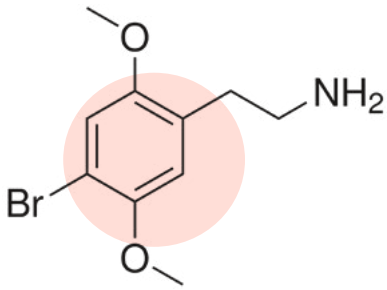
By Arielle Sherman, 4th year pharmacy intern

In addition to the countless number of street drugs, prescription drugs and other substances currently being misused and abused, physicians in Saskatchewan should now be aware of another recreational drug identified following a drug seizure in Prince Albert on February 20, 2017.

2C-B

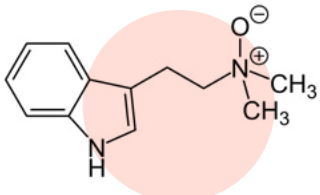
Also known as Bromo, Nexus or CB, 2C-B is a stimulant with psychedelic and hallucinogenic effects that can be best described as a combination of ecstasy and LSD. Doses commonly range from 10 to 20 mg and have lasting effects for 2 to 8 hours.

2C-B users experience dysphoria, hallucinations, agitation, tachycardia and seizures which may present as sympathomimetic syndrome and/or serotonin toxicity. Patients who appear to be intoxicated should have an IV line in place and be placed on a cardiac monitor. As *there is no antidote for 2C-B*, treatment consists of supportive and symptomatic care while maintaining airway, breathing and circulation. The tell-tale sign of a lethal 2C-B toxicity is excited delirium. The signs and symptoms of excited delirium include, but are not limited to, agitation, delirium, violence, hyperactivity and hyperthermia eventually resulting in sudden cardiopulmonary arrest. Treatment of excited delirium involves rapid sedation, fluid resuscitation and regaining a normal body temperature. Sedatives such as benzos +/- neuroleptics can be used to treat agitation, hypertension, tachycardia and hyperthermia while antipsychotics should not be used alone to treat agitation as they could exacerbate panic and visual symptoms.



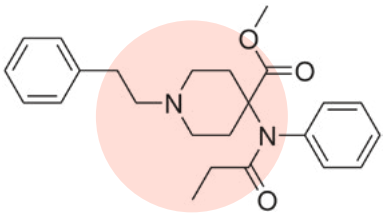
While it would be nearly impossible to keep track of every street drug being abused, it is imperative to remain up-to-date with new and emerging trends.

These trends include:



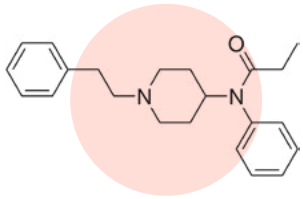
DMT or N, N-Dimethyltryptamine

A serotonergic hallucinogen, is usually mixed with another controlled substance such as methamphetamine. It was seized, for possibly the first time ever, in Leask, Saskatchewan on February 11, 2017 and samples were sent to Health Canada. Though it may not be as popular as other controlled substances, it is one that will continue to be monitored closely.



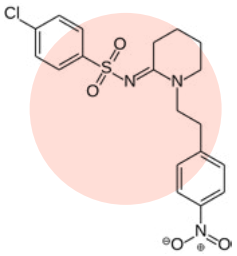
Carfentanil

A dangerously potent elephant tranquilizer that has been hitting the streets in many forms including blotter tabs, laced in heroin or in prescription pain killer tablets. Carfentanil is believed to be 100 times more potent than fentanyl and overdoses require multiple kits of naloxone to reverse the effects. As little as 20 micrograms can be fatal to a human; consider that 1 microgram is the size of a grain of salt! Contact precautions, including wearing a gown, gloves, and face shield, should be put in place for any healthcare provider involved in the treatment of a patient suspected of using carfentanil.



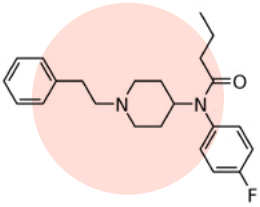
Fentanyl

Available in many forms including patches, injections, tablets and powder, is wildly growing in popularity. Canada only supplies patch and injectable products but illegal imports from China are supplying the streets with fentanyl tablets and powder. The 99% pure powder is cut with powdered sugar, baby powder or anti-histamines before being made into tablets. Fentanyl overdoses and fatalities are on the rise everyday as the drug continues to grow in popularity.



W-18

W-18 was originally created and patented at the University of Alberta in the 1980s for its pain-relieving potential. The university generated an entire W family, W-1 through W-32, with W-18 being the most potent. The drug gained popularity in Europe before making waves in Canada in 2015. When taken, W-18 produces a high comparable to heroin, but it has yet to be determined if it binds to opioid receptors or not, thereby making naloxone potentially ineffective for overdoses.



Para-fluoroisobutyryl fentanyl

Para-fluoroisobutyryl fentanyl was recently identified in an evidence sample in Calgary, Alberta. There are no articles or studies of merit available pertaining to this fentanyl analogue.

The myriad of abused substances continues to grow.

The most important action that physicians can take is to speak to their patients about the dangers of using these drugs.

The drug abuse crisis needs to be promptly addressed;

education may be our strongest tool.

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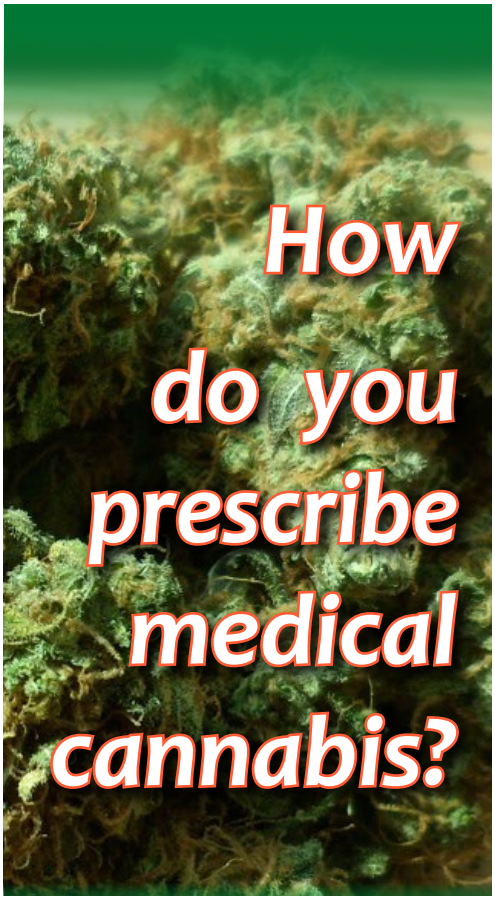
- Health Canada. Health Canada clarifies position on W-18. Published online 2016 June 13. http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2016/58866a-eng.php

Prescribing Medical Cannabis

(marijuana, marihuana)



Updated information now available on College website

Medical cannabis (as it is now referred to by Health Canada) has been the source of much confusion for patients and physicians following a series of changes to federal government regulations and to prescribing procedures over the last few years.

Health Canada's new Access to Cannabis for Medical Purposes Regulations (ACMPR) came into effect on August 24, 2016. The College of Physicians and Surgeons of Saskatchewan has since updated its Regulatory Bylaw 19.2 to reflect these changes.

It is important for patients and health practitioners to understand the risks, implications and steps required surrounding the use of cannabis for medical purposes in Saskatchewan.

New information is now available on the College's website to help health practitioners and patients evaluate this alternative in a medically safe and legal manner. This includes:

- The College's concerns
- Information for patients
- Expectations for physicians
- Other resources

Click on the link below for more information:

http://www.cps.sk.ca/imis/CPSS/CPSS/Programs_and_Services/Medical_Marijuana/Medical_Cannabis.aspx

Questions: micheal.howard-tripp@cps.sk.ca

PRESCRIPTION TIP!

Clarification : When "generic – no substitution" might be appropriate

The active ingredient in generic versus brand name products is equivalent, but sometimes the non-active ingredients can be different. Some formulations are designed with an abuse-deterrent which may make a medication more difficult to abuse, but this does not mean it is impossible.

Deterrents include: properties that make it difficult to crush, cut, or break the tablet; the addition of an excipient to make snorting the medication unpleasant or form a gel if attempts are made to dissolve the medication for injection; or the combination of an antagonist/agonist, such as naloxone combinations with opioids.

If you suspect drug misuse or abuse in your patients, you may want to consider using a medication that offers these features. Be aware that brand name medications have a greater street value when being diverted. You should question the rationale for the request of brand name medications as this can be a red flag for abuse. If there is not an appropriate rationale for the use of a brand name preparation, consider adding "generic – no substitution" to your prescriptions for medications with abuse potential.

Mifegymiso

Information for the prescribing physician

Health Canada approved the use of Mifegymiso for the medical termination of a developing intrauterine pregnancy with a gestational age up to 49 days as measured from the first day of the last menstrual period in a presumed 28 day cycle. Mifegymiso is a combination product containing one Mifepristone 200 mg tablet (oral administration) and four Misoprostol 200 µg tablets (buccal administration). Mifepristone belongs to the progesterone receptor antagonist therapeutic class, and blocks the progesterone effect on the uterus myometrium and the endometrium, rendering the uterus more responsive to prostaglandin stimulation. Misoprostol is a prostaglandin E1 analogue which induces uterine contractions and facilitates the expulsion of the products of conception.

Health Canada considered the potential risks associated with Mifegymiso's conditions of use and the pharmaceutical company Linepharma International Limited agreed to implement the following post-authorisation commitments to ensure the safe use of this product:

- a Restrictive Distribution and Administration Program;
- an Education and Registration Program for Mifegymiso prescribers;
- a Canadian Phase IV observational study of Mifegymiso safety;
- a 24 Hour support line in both English and French for patients taking Mifegymiso.

Health Canada has determined that prior to prescribing Mifegymiso physicians must:

1. Ensure that patients have access to emergency medical care in the 14 days following administration of Mifepristone;
2. schedule follow-up 7 to 14 days after patients take the Mifepristone to confirm complete pregnancy termination;
3. Exclude ectopic pregnancy and confirm gestational age by ultrasound;
4. Counsel each patient on the risks and benefits of the Mifegymiso, including bleeding, infection and incomplete abortion;
5. Obtain the patients written informed consent to take the drug; and,
6. Complete the mandatory Mifegymiso education and registration programs.

Health Canada has been criticized for its decision to regulate the medication differently than other medications. Those who have been critical believe access to the medication will be impaired due to the increased restrictions in requiring physicians to take an educational course, and not allowing the pharmacist to dispense directly to the patient.

It appears that Mifegymiso is a medication that has potential risks. The need for medical supervision is based on what Health Canada deems as "the strong evidence of good health and safety outcomes."

Council has recently reviewed the information provided by Health Canada and its requirements and believe the requirements to be reasonable. It notes that Linepharma has developed an educational program for which physicians may apply to complete and once they have successfully completed the program they will be given a completion number that must be put on the prescriptions when they prescribe the medication to the patient. The patient must be seen and physically examined and followed up as per the requirements.

The information we have received with respect to the restricted distribution program is, as follows:

1. patients can take the prescription to a pharmacist of their choice and have the drug delivered to the physician's office to take, which is consistent with the product monograph; or,
2. patients can take the prescription to a pharmacist of their choice and take the drug at home as directed by the physician, with no requirement to have the ingestion witnessed (drug still needs to be dispensed by the physician) or,
3. if the prescribing physician is authorized to dispense in accordance with the College of Physicians and Surgeons' policies, the drug can be sold, dispensed, and taken by the patient in the physician's office, at home, or as directed by the physician.

Physicians wishing to seek additional clarification on this medication can refer to:

Mifegymiso: Myths –vs- Facts

http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/mifegymiso-fs-fi-eng.php

In partnership with the College of Medicine, Department of Community Health & Epidemiology, the Saskatchewan Network for Health Services in French/ Réseau Santé en Français de la Saskatchewan (RSFS) is in the process of updating the directory of health professionals who are willing to speak at least some French when providing health services in Saskatchewan.

We are also seeking to add professionals who are new to the province, recently graduated or simply newly interested. Professionals are added to the directory on a volunteer basis and there are no legal obligations associated with being listed.

If you would like more information or are willing to be listed, please contact **Katie Pospiech** at katie.pospiech@usask.ca or (306) 966-1270

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.

HEALTH ACCOMPAGNATEUR

INTERPRETATION SERVICES IN FRENCH

As health professionals, you may come across Francophone Newcomers who are:

- Unable to navigate the Saskatchewan health system;
- Needing to consult a health professional but cannot do so because they have no or limited capacity to explain their health issues in English;
- Unable to understand your explanations in English.

You may also come across Saskatchewan Francophone Seniors and Families:

- Needing to use French in their interactions with health professionals.

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)

We're Working for You

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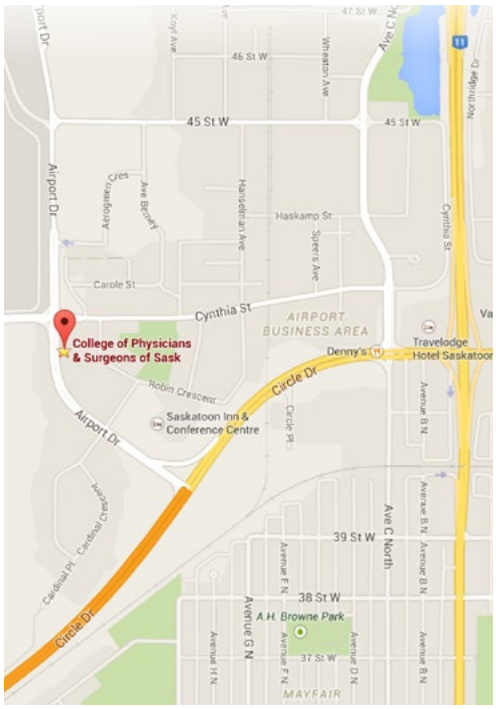
Or visit us at: www.cps.sk.ca

OUR LOCATION:



Senior Staff

Dr. Karen Shaw	Registrar
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Mr. Bryan Salte	Associate Registrar/Legal Counsel
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OUR DEPARTMENTS

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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
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E-mail	cpssinfo@cps.sk.ca

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

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Registration Services

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