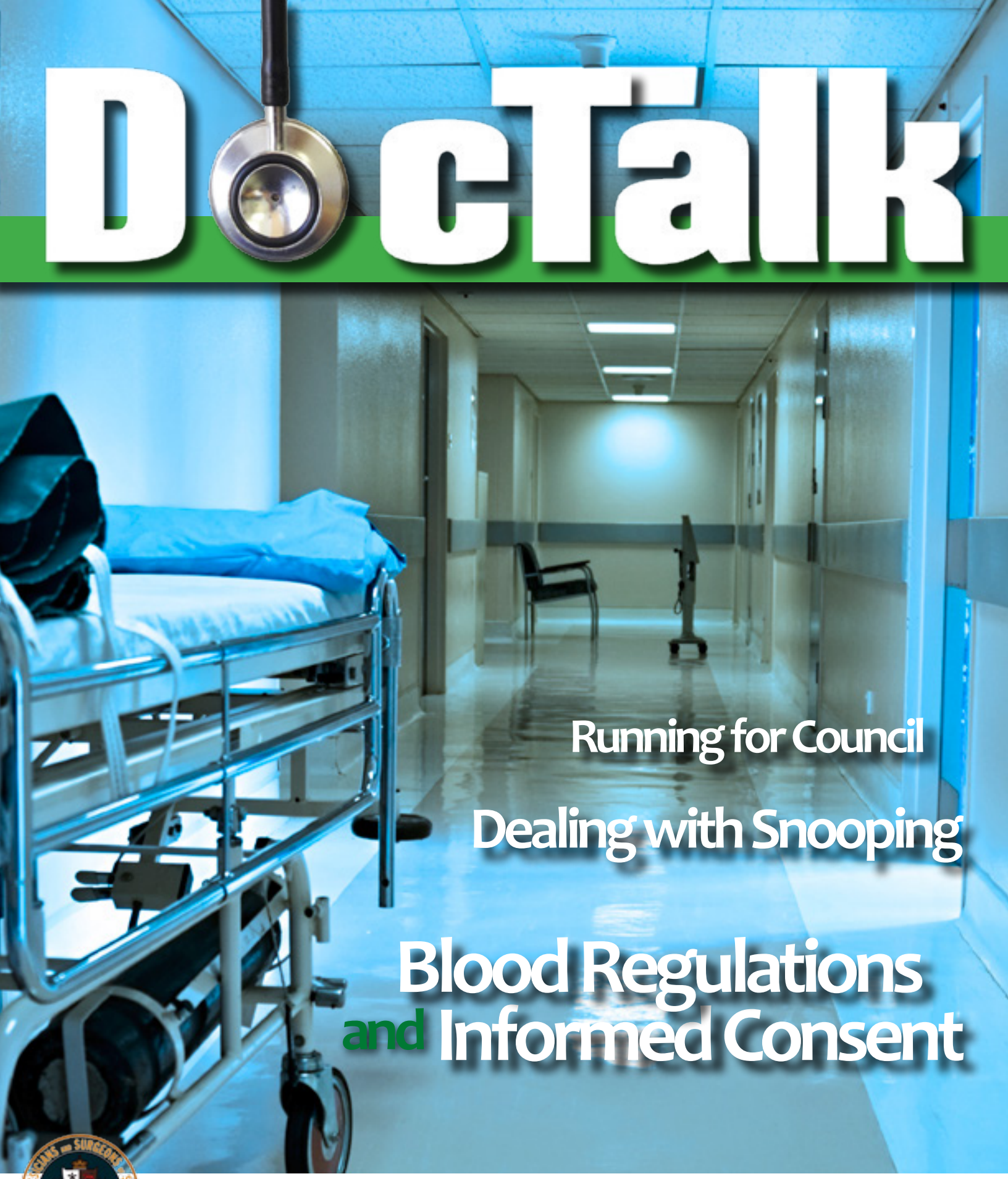
DocTalk



Running for Council

Dealing with Snooping

Blood Regulations and Informed Consent

Licence revalidation: Are you ready to renew?

College of Physicians and Surgeons of Saskatchewan cps.sk.ca Vol. 1 Issue 1, Summer 2014

DocTalk
Summer 2014

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

Submit your ideas to caro.gareau@cps.sk.ca by October 15th, 2014.

In this issue

Make a difference!

Consider runnning for Council in the next election

Elections for members of Council for six of the Electoral Districts will take place later this year.

Members of the College in these six Electoral Districts will have an opportunity to **nominate** and **elect** colleagues for service on the Council of the College for a term of three years.

The Electoral Districts and current Councilors whose terms will expire at the end of 2014 are as follows:

District 1	Dr. Tilak Malhotra	PAPHR/Mamawetan Churchill River/Athabasca Health Region
District 3	Dr. Andries Muller	Saskatoon Health Region
District 5	Dr. Suresh Kassett	Cypress Health Region
District 7	Dr. Alan Beggs	Regina Qu'Appelle Health Region
District 9	Dr. Pierre Hanekom	Kelsey Trail Health Region
District 10	Dr. Dan Johnson	Heartland Health Region

If you would like more information on the commitment required to be a Councilor, or the requirements to run for election, please contact Sue Robinson at sue.robinson@cps.sk.ca.

From the President

I Could Have Been a Dentist

I sit here in front of my computer to write something interesting, very hard for me to do. My email pings and I get another message for a conference in October, SEMAC, which takes place in Regina October 17 and 18th. Then, I recall all the efforts of our registration department and Registrar last December and this year dealing with physicians that did not enrol or complete their required CME for their five year cycle.

We are all professionals and as licensed physicians have a responsibility to the public and our College. Continuing medical education is the basis of our ongoing commitment to the patients of this great province that we serve. CME is not a waste of time or resources. Every time we take the time to learn, we take away a pearl or important point that can allow us to provide better care.

I presented and attended the last SEMAC conference in Saskatoon in October 2013. I was lucky enough to join a dental presentation by Dr. Lalani. I was very interested in treating dental emergencies more efficiently, as the ER is always where people come first. Lucky for me and my patients, I made it there. Let me tell you the story.

I am an emergency physician in Lloydminster. Last weekend, I attended a 13-year-old who was playing fastball. She was in the outfield when a fly ball was hit. She lost the ball in the sun and it missed her glove, hit her on the top lip and pushed back her two front incisors. When I examined her I noted that the roots of both front incisors were pointing anteriorly. It did not look good. I have often reduced teeth and then have difficulty splinting them in place. I had, however, learned a little trick from Dr. Lalani. After some local and IV sedation, I reduced her front teeth. Luckily quite a bit of alveolar bone was still intact, so I splinted the teeth as I was shown at SEMAC. I took the metal nose piece from an N95 mask and trimmed and bent it to fit her front six teeth anteriorly. I then applied derma bond to her front teeth, carefully, and stuck the splint across those teeth. I am happy to say that it worked very well! Hopefully the teeth survive.

I have now been in practice for 13 years. I have always enjoyed what I do and honing my skills. I have attended numerous conferences on leadership, regulation and clinical medicine, and have always taken away something that improved my practice.

In the coming months, many physicians will be nearing the end of their five-year cycle. Please review all your CME and ensure the recording of these credits to the appropriate body. If you find yourself in difficulty, *please call us now so you will not have to deal with the stress of not being able to renew your license in November*. The College has a legislative duty to regulate physicians, but an ethical duty to help physicians revalidate.

I hope you all have a great summer.

Dr. Mark Chapelski
President, CPSS

From the Registrar

Continuity of Care – An Essential Component of Appropriate Care

At the CPSS's most recent Annual General Meeting and Educational Session, one of the presentations was "*The Story of Greg – A Tragic Outcome*". This presentation discussed the events which resulted in a young man dying unexpectedly, soon after being diagnosed with cancer. During the time between the onset of Greg's symptoms and his death there were multiple delays in trying to obtain coordinated care for his serious and time-sensitive condition.

The Health Quality Council of Alberta's (HQCA) review of this patient's journey entitled "*Continuity of Patient Care Study*", released December 19, 2013, identified four breaks in continuity of care and a fifth "difficulty" because he and his family were unaware of what was being done on his behalf "behind the scenes".

1. The patient was referred to a general surgeon by physician #1. The referring physician believed the appointment would take place in weeks; however, it took three months for the patient to be notified of the appointment. There was no mechanism in place to alert the referring physician or the patient to the long waiting time and no mechanism to inquire about the wait time.

2. Some time later the patient experienced more symptoms and x-rays, routine lab tests and an ultrasound was ordered by physician #2. The ultrasound showed a large abdominal mass. The radiologist discussed the results of the ultrasound with the patient immediately and spoke with primary care physician #2 to recommend some additional investigations. The patient was contacted by primary care physician #2 and required to come in to discuss the results and to book further investigation with CT for suspected cancer. There was no mechanism in place to allow the radiologist to order the necessary investigations without referral back to the family physician. A follow-up appointment was not made preemptively to review the CT scan results and/or refer to an appropriate specialist. The break in continuity was compounded when the ordering physician left the clinic. When the CT report was received by the clinic, the patient was not notified. When the patient did not receive a report from the clinic, he called the clinic to obtain an appointment with another physician (physician #3) who reviewed the CT results with him.

3. The patient was referred to a urologist for an urgent appointment. Not the referring physician, the walk-in clinic, or the patient knew the urologist was out of town for an extended period of time. When the patient did not receive a call from the urologist's office with in a week he contacted the walk-in clinic and was advised to speak directly to the urologist's office. He then discovered he would have to wait an additional few weeks to see the urologist so he contacted the walk-in clinic which led to a referral to another urologist.

4. After surgery the patient experienced worsening lower limb swelling. Even though it was during normal business hours he was unable to contact the urologist who had operated two days prior. He attended the emergency department at the hospital.

5. The patient had been referred to the medical oncology service at the cancer centre by the urologist. The cancer centre was organizing an urgent outpatient appointment with an oncologist. The patient and the family were unaware of the arrangements; they had no way to confirm the arrangements or to understand the timeframe.

Greg was seen initially by two primary care physicians, and then a third, none of whom knew the whole history or had access to the entire history.

He experienced delays in receiving an initial referral to a specialist, delays in accessing important tests, difficulties in contacting specialists providing his care, insufficient communication from providers about appointments and results, and confusion about the process for booking appointments.

The story of Greg is a very difficult story to read. Although this tragedy happened in another province our healthcare system is not dissimilar to Alberta's; it could easily have happened in Saskatchewan.

Dr. Trevor Theman, the Registrar of the College of Physicians and Surgeons of Alberta, presented an overview of this case at our educational session and led the participants in small group discussions of how system issues can interfere with continuity of care and what role physicians, and the systems they control or influence, play a part in the continuity of care for patients.

The participants recognized the issues that had been identified in the report:

1. Reliable continuity of care when patients are referred for specialized healthcare systems.

2. Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions.

3. Prioritization criteria for outpatient CT scans.

4. Formal transfer of care responsibilities for time-sensitive health conditions and availability of the responsible healthcare provider.

5. Co-located practice groups: coordinating services and clarifying relationships.

The participants at the AGM also recognized that ensuring continuity of care is a challenge in our current system but identified some things that we can do to avoid a similar tragedy.

1. An effective on-call system is essential to continuity of care. Physicians are responsible for establishing a meaningful on-call system which can be accessed easily by patients after hours, and on weekends. It is not sufficient to have a pre-recorded message that suggests the patient go to an emergency department unless there has been a prearranged agreement with the emergency department or a physician in the emergency department. Ideally, there should be access to patient records.

2. Wait time information should be available to the referring physician so an appropriate referral can be made. Referrals for time-sensitive conditions need to be made in a manner that will assure the referring physician that the consultant's office has provided a timely appointment and has confirmed the date and time of the appointment with the patient.

3. Arrangements for investigations should allow the referring physician to understand the wait time and include a mechanism that allows the physician access to an expedited process for booking when the condition is time sensitive. It should also include a plan for timely review of the results with the patient.

None of the suggestions raise new practice standards. Many practices have well established on-call procedures. All physicians need to abide by the required standards.

Many of the other suggestions focus on improving the efficiency of the referral process for consultations and investigations requests (electronic booking and confirmation of requests received, booking confirmation and patient notification etc.), and ensuring the system is responsive to the patient's needs in a timely fashion. This will require system changes (electronic booking with reconciliation of requests and results) as well as individual practice changes. Good communication between providers and the patient is essential to ensure the patient understands the predicted wait, the need to follow up in a timely fashion and how and who to alert if they have difficulty navigating the system.

I would urge you to read the complete report, or at least the executive summary, which can be accessed at http://hqca.ca/studies-and-reviews/continuity-of-patient-care-study/continuity-of-patient-care-study/. It contains the condensed chronology of the case, the findings, the issues and the recommendations. Although some of the recommendations are specific to this case many outline changes that we would desire in our system to improve care for our patients.

Dr. Karen Shaw
Registrar, CEO

Photo courtesy of St. Paul's Hospital

From the Deputy Registrar

Complaints and the CRAC

It is with great pleasure that I return to Saskatchewan after an absence of 5 years to assume the position of Deputy Registrar with the College. In my first month at the College, I have been made to feel extremely welcome and look forward to working with Dr. Shaw, her senior staff, the excellent team at the College, and the College Council and the Executive for a long and mutually beneficial relationship, both with the College and the Profession in Saskatchewan.

Before leaving the Province at the end of 2008 to join the College of Physicians and Surgeons of Alberta I practiced in both Maidstone and Regina for a number of years. I look forward to renewing contact with colleagues and others whom I knew previously and also look forward to meeting those of you who I do not already know. I believe in an open door policy and would love to hear from colleagues across the province about any concerns, suggestions, matters of mutual interest, or even just to chat. I can be contacted at the College, (306) 244-7355, or by email at Micheal.Howard-Tripp@cps.sk.ca.

One of my duties at the College will be as the manager of the complaints investigation and resolution process. I join a very experienced team and bring with me an in-depth experience of the complaints process in Alberta. Together we will work towards improving the process of reviewing and resolving complaints to ensure that complaints are processed in a thorough and timely manner.

The Complaints Resolution Advisory Committee (CRAC) reviews those complaints not initially referred for investigation of unprofessional conduct and advises on the disposition of the issues of concern. This process is intended to be educational and to benefit both physician and patient alike. For an educational process to be effective it is necessary that the remedial action be taken as close as possible to the stimulating event.

The CRAC consists of 3 College members and 3 public members and usually considers approximately 30 files at each of their meetings. In 2013 the committee met 7 times and due to the recent departure of one of the College members the committee's work will be more onerous until such time as a replacement can be found.

The Free Dictionary provides as one of its definitions of a College "a body of persons having a common purpose or shared duties." Having been granted the privilege of self regulation by Society it is incumbent on each and every member of a College to participate in and contribute to, amongst other noble attributes, the "standards" we uphold as a profession. While acknowledging the significant work members of the profession already do, by sitting on committees and otherwise advising the College, this is an additional opportunity to contribute to the profession by reviewing complaints and advising on appropriate College action. In addition to getting paid for the privilege this is an excellent opportunity to earn CME credits. All enquiries in this regard can be addressed to the Registrar or to me at the College.

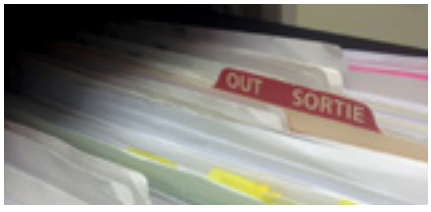
Dr. Micheal Howard-Tripp
Deputy Registrar and
Complaints Process Manager

From the Associate Registrar and legal counsel

Privacy Corner - "Snooping"

One of the fundamental principles of health information protection is that health providers will only access health information about patients to the extent that the information is necessary for them to perform their duties. Usually that is limited to the information that is necessary for that person to provide patient care (the need to know principle). There are a number of recent examples where individuals have accessed patient health information inappropriately.

The *Health Information Protection Act* (HIPA) sets out the obligations of trustees. Physicians, Regional Health Authorities, etc. who have custody or control of patient health information are trustees under HIPA. HIPA requires trustees to have policies and procedures in place to discourage employees from accessing health information which is not needed for them to perform their duties. If a trustee does not have policies and procedures in place to limit employee access to health information, the trustee could be prosecuted for an offence under HIPA. Additionally, the College requires physicians who have custody and control of patient health information to have written policies in place which include measures to protect the confidentiality and security of patient health information (regulatory bylaw 23.2) http://www.cps.sk.ca/Documents/Legislation/Legislation/RegulatoryBylaws.pdf. Physicians are required to advise the College when they renew their licences whether they have custody or control of patient health information and, if they do, whether they have a written privacy policy in place.



One of the requirements of the College bylaw is that a clinic's policies and procedures must include measures to obtain signed confidentiality agreements from individuals who have access to patient health information.

A sample confidentiality agreement is available on the SMA website, www.sma.sk.ca. The sample agreement contains the statement "I will not access or use personal health information except as it is necessary to perform my duties and/or as I am authorized to do so by the Privacy Officer or the Office Manager." Physicians who have appropriate policies and procedures, and who have required their employees to sign confidentiality agreements, will have substantial protection if an employee in the clinic improperly accesses patient information.

Saskatchewan Health established a working group to provide recommendations for changes to HIPA. That report is available at http://www.health.gov.sk.ca/adx/aspx/adxGetMedia.aspx?DocID=dd8e19d3-6dda-4674-a06b-67697bcea e b e & M e d i a I D = 8 1 6 8 & Filename=health-records-protection-report-apr2014.pdf&l=English. One of the recommendations (page 1) was that HIPA should be amended to include a "snooping offence". The report states: "The Working Group recommended the addition of a specific offence for inappropriate use of personal health information by employees of a trustee who access information without a need for that information (snooping)." The Saskatchewan Government has prepared a draft amendment to HIPA that will make "snooping" an offence punishable by a fine of up to $50,000 and by imprisonment for not more than one year.

The 2014 annual report from the Information and Privacy Commissioner (http://www.oipc.sk.ca/Annual%20Reports/Annual%20Report%202013-2014.pdf) comments about some instances where action has been taken against Regional Health Authority employees who have improperly accessed patient information. The Commissioner stated that the safeguards to protect information had not been sufficient to prevent employee snooping.

Protecting the confidentiality of patient information is an important ethical and legal principle. Physicians can protect themselves and their employees by ensuring that everyone where they work is aware that they cannot access patient information unless it is needed to provide patient care or to otherwise perform their employment duties. Physicians can protect themselves and their employees by ensuring that everyone is aware of the potential consequences if they inappropriately access patient information.

Bryan Salte
Associate Registrar
and Legal Counsel

Dr. Dennis A. Kendel Distinguished Service Award

DO YOU KNOW SOMEONE WHO EXCELS IN THEIR FIELD OF PRACTICE AND BEYOND?

In 2011, the Council of Physicians and Surgeons of Saskatchewan (CPSS) established the award that is known as the *Dr. Dennis A. Kendel Distinguished Service Award*.

The award is intended to recognize and honour an individual who has made outstanding contributions in Saskatchewan to physician leadership and/or to physician engagement in quality improvements in healthcare. In exceptional circumstances, the award may be awarded to a group of people where it is clearly demonstrated that the nominees have individually and collectively met the selection criteria.

The award is intended to be awarded annually, except that the award need not be made every year. No more than one such award shall be made in any year.

Eligibility/Selection Criteria

The nominee shall:

- Be a member of the CPSS in good standing or, in exceptional circumstances, be a non-member who otherwise exemplifies the characteristics of a suitable nominee.
- Be widely known by the quality of his or her contributions within the profession.
- Have demonstrated high standards of professionalism and commitment to professionally-led regulation.

ACT NOW!

NOMINATIONS ACCEPTED UNTIL 30 August, 2014

In addition, the nominee will have demonstrated excellence or achieved distinction in one or more of the following domains:

- As a physician leader who has contributed significantly to physician leadership in healthcare.
- As a champion of physician engagement in quality improvements or quality assurance in healthcare

Any individual may receive the award only once.

Selection Process

The honouree will be selected by evaluation against the selection criteria. The honouree will be selected by the consensus of CPSS Council, or if necessary, by a majority of Council.

Presentation and Form of Award

The award shall be presented to the recipient or a designate by the CPSS President at the annual President's Dinner. The recipient shall receive a personalized copy of the original award (presented to Dr. Kendel in 2011) and a commemorative gift of $2,500.00. Publicity will appear in CPSS publications and the local media.

Call for Nominations

A call for nominations shall be made to CPSS members by the end of August of each year. Nominations must be signed by a CPSS member or stakeholder and accompanied by letters from two individuals who support the nomination. Nominations must be received by 30th August of each year. Nomination forms are available from the CPSS website or by contacting **sue.robinson@cps.sk.ca** at the College office **(306) 244-7355.** If no nominations are received, the CPSS Council may consider qualifying nominations received in the previous year or submit its own nomination.

Notice

CPSS Council reserves the right to:

- Revoke an award granted to a recipient should circumstances arise that, in its opinion, could unfavorably impact the reputation and/or image of CPSS.
- Make changes to these Terms of Reference.
- Authorize the deviation from these Terms of Reference, from time to time, where warranted.

Focus on Complaints

The intake team in the Complaints Department frequently notices trends in enquiries and complaints coming in to the College. In an effort to inform the profession and as a reminder of the College's expectations, the Complaints department will periodically highlight issues that we believe 'need attention'.

In recent months the intake team of the Complaints Department has received numerous enquiries regarding retention of medical records, the release of medical information to relatives of deceased patients and privacy of personal health information.

There are a number of sources of information that members may wish to consult when reviewing their responsibilities in this regard. Members are advised to be familiar with the requirements of the **College Bylaws**, **College Standards, Policies and Guidelines**, College information and advice to the Profession, relevant legislation such as the **Health Information Protection Act** (HIPA) and the **Personal Information Protection and Electronic Documents Act** (PIPEDA), as well as authoritative information from the Saskatchewan Medical Association, the Canadian Medical Association and the Canadian Medical Protective Association.

Maintaining the privacy and security of personal health information has been highlighted by news reports of 'patient files found in dumpsters' and through patients becoming more educated about the requirements for privacy and confidentiality, specifically pertaining to their personal health information. Where a physician is the trustee of a patient's medical record, it is the physician's responsibility to ensure that staff are updated and informed with regard to the privacy of personal health information, period of chart retention and requests for transfer of a patient chart. Readers are advised to consult the College's *Regulatory Bylaw 23.2.* In addition, the College has summarized information relating to Privacy of Health Information on its website, as a guide for physicians and patients. The Saskatchewan Medical Association also has an excellent resource available to physicians (Privacy Step-By-Step).

Section 27 of HIPA provides the circumstances under which personal health information can be provided to family members when a patient is deceased:

Section 27 Disclosure

(4) A trustee may disclose personal health information in the custody or control of the trustee without the consent of the subject individual in the following cases:

(e) if the subject individual is deceased:

(i) where the disclosure is being made to the personal representative of the subject individual for a purpose related to the administration of the subject individual's estate; or

(ii) where the information relates to circumstances surrounding the death of the subject individual or services recently received by the subject individual, and the disclosure:

(A) is made to a member of the subject individual's immediate family or to anyone else with whom the subject individual had a close personal relationship; and
(B) is made in accordance with established policies and procedures of the trustee, or where the trustee is a health professional, made in accordance with the ethical practices of that profession;

To summarize: After a patient's death, what right does a member of the patient's family have to obtain medical information or a copy of the deceased person's patient chart?

The only time that a physician is required by HIPA to provide information or copies of documents to family members is if the executor or administrator of the estate needs the information or documents to administer the estate. One example of this would be where an executor of an estate requires the medical information in order to make a claim on a life insurance policy held by the deceased.

A physician is permitted by HIPA to release information or copies of documents to an "immediate family member" or another person with whom the deceased had "a close personal relationship". There are two restrictions on this:

1. the information must relate to the circumstances surrounding the death of the person or services that the person recently received; and,

2. the release of the information must be consistent with the ethics of the medical profession.

It can be reasonable to release such in-

formation to family members to assist them to understand the circumstances surrounding the death of their loved one. This does not authorize a physician to release the entire patient chart for a deceased person, if that chart contains information other than information relating to the person's death or services recently received by the deceased person.

Subject to the exception allowing for release of information described above, a person's right to have their medical information kept confidential survives their death.

The reader may also want to review a decision by the Office of the Information and Privacy Commissioner from October 2013, and the College's *Guideline on 'Disclosure of Adverse Events and Errors that Occur in the Course of Patient Care'* for additional advice on disclosure to family of a deceased patient.

Regulatory Bylaw 23.1 details the College's requirements regarding medical record retention.

Regulatory Bylaws

23.1 Medical Records

(f) A member shall retain the records required by this regulation for six years after the date of the last entry in the record. Records of pediatric patients shall be retained until 2 years past the age of majority or 6 years after the date last seen, whichever may be the later date.

(g) A member who ceases to practise shall:

(i) transfer the records to a member with the same address and telephone number; or

(ii) transfer the records to:

1. *another member practicing in the locality; or*
2. *a medical records department of a health care facility; or*
3. *a secure storage area with a person designated to allow physicians and patients reasonable access to the records, after publication of a newspaper advertisement indicating when the transfer will take place.*

It is to be noted that although the College requires the complete medical record to be retained for 6 years after the date of the last entry, or in the case of a patient under the age of 18 until the age of 20 or 6 years after the date last seen, whichever is later; the CMPA ad-

College Disciplinary Actions

The College reports discipline matters in the next issue of the Newsletter after the disciplinary action is complete. There have been two such matters since the last Newsletter report.

Dr. Johannes Kriel

Dr. Kriel admitted he was guilty of unprofessional conduct by engaging in sexual activity with a patient on two occasions, which included sexual intercourse.

The Council accepted the joint recommendation for penalty. Dr. Kriel's licence to practise medicine was revoked effective June 20, 2014. He will not be eligible to have his licence restored until nine months have passed. He will not be eligible to apply to have his licence restored until the Council receives a satisfactory report from a professional person, persons or organization chosen by the Council which attests that he has undertaken counseling at his expense for sexual abuse, has gained insight into the matter and has achieved a measure of rehabilitation which protects the public from risk of future harm.

Dr. Narinda Maree

Dr. Maree admitted she was guilty of four charges of unprofessional conduct. She prescribed medications intended for herself in the name of a patient and presented to the pharmacy as the patient's wife to fill the prescription. She admitted being untruthful in responding to the complaint. She admitted being untruthful to the investigation committee and preparing a false document to present to the preliminary inquiry committee.

The Council accepted the undertaking from Dr. Maree to attend a course in medical ethics and accepted the joint recommendation for penalty. Dr. Maree was suspended from practice for two months from July 1 to August 31, 2014 and was required to pay costs of $3,944.41.

vises that physicians maintain the medical record for 10 years in place of the College's mandated 6.

The College's requirements are based on a patient's reasonable expectation to be able to access their records for a period of time after they last see their physician. If a patient has not seen a physician for six years, and has not asked for a copy of their chart within six years, the College's perspective is that the physician should be able to destroy the chart (except for patients under the age of 18).

The CMPA's recommendation, contained in the article Retaining Medical Records, is the following:

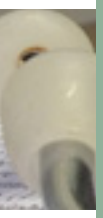
The CMPA's advice has been and remains that physicians should retain records for at least 10 years from the date of the last entry or, in the case of minors, for at least 10 years from when the age of majority is reached. This advice is therefore aimed at the minimum period during which a physician should retain records. Physicians are encouraged to retain records for a longer period, if at all possible.

CMPA's recommendations are based upon their perspective that a patient chart should be retained for a sufficient period of time that the patient chart will be available to assist a physician if a patient sues or files a complaint against their physician.

While it is hoped that the above information will provide clarification of some of the issues, members of the Complaints Department and Mr. Bryan Salte, Associate Registrar and Legal Counsel, are available to assist with any specific enquiries.

Saskatoon City Hospital
Photo courtesy of SICA Film

Continuing medical education



STANDARDS FOR CONTINUING EDUCATION: REVALIDATION AND MAINTENANCE OF MEMBERSHIP

REVALIDATION PROGRAM

Saskatchewan physicians who are licensed on a full, provisional or special licence are required to enroll in a continuing professional learning program (5-year cycle) with the **Royal College of Physicians and Surgeons of Canada** (RCPSC) or the **Canadian College of Family Physicians of Canada** (CCFPC) in order to renew their professional registration for the upcoming year. This process is known as **revalidation**.

NOTE: If you hold only a temporary or educational licence, you are not required to enroll for Mainpro or Maintenance of Certification.

Where to enroll

Current members of the CCFPC and individuals who hold FRCP* or FRCS* with the RCPSC will need to **meet the requirements** of **Mainpro** or **Maintenance of Certification** at the end of their cycle, and provide proof that this has been done. If you are **not currently enrolled** in either Mainpro or Maintenance of Certification, you will need to **enroll prior to applying to renew your licence** for the upcoming year.

Non-members of the CFPC can enroll in Mainpro and have their Continuing Medical Education (CME) activities tracked in the same way as members have their CME activities tracked in the same way that *physicians who don't hold fellowship at the RCPSC* can enroll in the Maintenance of Certification program and have their CME activities tracked.

You are encouraged to attend to this matter promptly. *Failure to comply and enroll may result in a refusal by the Registrar to renew your professional registration.* Please be aware that indicating that you are enrolled in a program when you are not may result in disciplinary action.

To enroll in an approved Continuing Professional Learning Program, contact one of these two colleges:

Mainpro
The College of Family Physicians of Canada
2630 Skymark Avenue
Mississauga, ON L4W 5A4
CFPC dedicated hotline: 1-866-224-8104
or toll free 1-800-387-6197 ext 204
www.cfpc.ca

Maintenance of Certification
The Royal College of Physicians and Surgeons of Canada
774 Echo Drive
Ottawa ON Canada
K1S 5N8
RCPSC Department of Professional Affairs:
1-613-730-6243
or toll free 1-800-461-9598
http://rcpsc.medical.org

Submission of Credits and Payment of Fees

In addition to submitting the necessary paperwork, you must ensure that you submit the necessary **initial enrollment fees** and the **annual enrollment fees**. *If the fees are not duly submitted, you are either not enrolled or your enrollment will be discontinued.*

Once enrolled, you will not be required to submit your CME information to the CPSS until the end of your five year learning cycle. Instead, you will **record the information with your learning program.** We encourage you to enter your CME activity into your online account as soon as the activity is completed. Physicians who wait until the completion of the learning cycle to enter credits into the account run the risk of *losing access to the online account* and losing the ability to enter credits.

You must ensure that you meet the **minimum credit requirements** as established by the program in which you are enrolled or you will face penalties as outlined below.

At the completion of your learning cycle, you will be required to **provide the CPSS with a certificate** from your program confirming that you successfully completed your learning cycle. The certificate may be obtained from the program website (Mainpro or Maintenance of Certification) and must be submitted during registration renewal.

*** FRCP, FRCS** – *Fellow of the Royal College of Physicians, Fellow of the Royal College of Surgeons. This is granted by the Royal College of Physicians and Surgeons of Canada (RCPSC) to physicians with specialty training who meet their requirements for fellowship.*

IMPORTANT
Failure to submit your credits into your online account will result in a failure to provide the required certificate and you will be subject to financial penalties as described below *or* **the CPSS may decline to renew your registration.**

Registration Renewal

At the time of registration renewal, you will be asked to confirm that you are enrolled in a program and to provide the date of your 5-year learning cycle (set by the program in which you have enrolled).

At the end of the five year learning cycle, you will be required to provide the CPSS with proof that you have met the requirements of Mainpro or Maintenance of Certification. Failure to do so will mean that you will be unable to renew your licence unless you receive an extension or an exemption from the Registrar.

Penalties for Defaulting

The Registrar's Office will administer fees or penalties to ensure cost recovery from physicians who fail to meet CME requirements and who fail to comply with regulatory bylaw 5.1 *Standards for Continuing Education and Maintenance of Membership*:

a. A physician who fails to enroll in Mainpro or Maintenance of Certification, or who fails to maintain enrollment in Mainpro or Maintenance of Certification as required by regulatory bylaw 5.1, will be required to pay a fee of $500;

b. A physician who has failed to enroll in Mainpro or Maintenance of Certification, or who fails to maintain enrollment in Mainpro or Maintenance of Certification as required by regulatory bylaw 5.1 and who is required to comply with any of the conditions in regulatory bylaw 5.1(h) shall, in addition to the $500 fee in paragraph (a), be required to pay a fee of $500;

c. A physician who has enrolled in Mainpro or Maintenance of Certification as required by bylaw 5.1, but who has failed to meet the requirements of the program, or has failed to provide the evidence required by paragraph (d)(iv) and who is required to comply with any of the conditions in regulatory bylaw 5.1(h), shall be required to pay a fee of $500.

Don't delay; make your revalidation arrangements today!

Barb Porter
Director, Registration Services

Frequently Asked Questions

Q- I enrolled in the appropriate program (RCPSC or CFPC) but have allowed my enrollment to lapse. Is this a problem?
A- Yes this is a significant problem. If you wish to renew your registration for the upcoming year, you must be enrolled in a program with either the RCPSC or the CFPC, and stay enrolled. Keep in mind that failure to pay the fees means loss of enrollment!

Q- Is there a minimum number of credits that I need to accrue for my program?
A- Yes. It is your responsibility to know the number of credits required to satisfy your program requirements. Royal College and CFPC programs require a minimum number of credits each year. It is your responsibility to track your credits in your online account with your program. At the end of your learning cycle your program must confirm to the CPSS that you have met the requirements of their program.

Q- Do I need to submit my CME information (attendance records, certificates etc) to the CPSS?
A- No, we only require a statement from your continuing professional learning program that you have successfully completed program requirements at the end of your learning cycle.

Q- I am at the end of my current learning cycle. What do I do?
A- You will need to obtain a statement from the relevant program that confirms you have met all of the requirements of your program and submit it to the CPSS. A statement of accrued credits is not sufficient for revalidation purposes.

Q- I need a new learning cycle, what do I need to do?
A - Contact your continuing professional learning program at your respective College (CFPC or RCPSC) to request the dates of your new learning cycle. Retain this information as you will need to provide it to the CPSS when you complete your next annual registration renewal.

Q- Am I eligible for an exemption from revalidation?
A- Physicians who meet the following criteria may be eligible to apply to the CPSS for exemption:

- Physicians practicing outside of Saskatchewan who wish to maintain an active Saskatchewan license;
- Physicians whose practice is restricted to surgical assisting;
- Physicians whose practice is restricted to administrative medicine.

Physicians who meet the above criteria will need to contact the CPSS office to apply for an exemption. Applications for exemption must be submitted on an annual basis prior to professional registration renewal. Only the CPSS can approve an exemption from revalidation.

Q - What do I need to do if I think the exemption criteria may apply to my circumstance?
A - Contact Barb Porter, Director of Physician Registration at 1- 306-244-7355 to discuss your situation. She will provide the advice you require.

Continuing medical education

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Dermatology Conference
sept 19th & 20th, 2014
Regina, SK

Topics : Pediatric Dermatology, Topical Corticosteroids, Neonatal Rashes, Occupational Health, Warts & Molluscum in Children, Psoriasis, Leg Ulcers, Arthropods, Skin Manifestation of Systemic Disease in Children and much more.

www.usask.ca/cme
306-966-7787

Essentials of Electrocardiography
Oct 3-4th, 2014
Saskatoon, SK

Topics: Systematic Approach to ECG Interpretation; Identifying Axis Deviations, Ventricular Hytrophy, Bundle Branch Block, Pacemaker Malfunctions, Tachyarrythmias and more.

Early registration deadline Sept. 3rd

www.usask.ca/cme
306-966-7787

SK Emergency Medicine Annual Conference (SEMAC)
Oct 17-18th, 2014
Regina, SK

Topics: Approach to the Difficult Ariway; Current Medico-Legal Reisks in Emergency MEdicine; Interpreting New High Sensitivity Troponins; Clinal Pathological Cases; Provincial Stroke Panel; Cases from the Trenches

www.usask.ca/cme
306-9766-4016

Canadian Critical Care Forum
Oct. 29 - Nov. 1, 2014
Toronto, ON

Topics: Relevant to individuals involved with the care of critically ill patients, wherever the patients are located. The CCCF is a forum to showcase cutting edge research and share new ideas with researchers and clinicians interested in the care of critically ill patients.

Call for abstracts - deadline September 12th

www.criticalcarecanada.com

5th Implementing Best Practices in Pain Management Conference
Nov 7-8, 2014
Saskatoon, SK

Topics: Pain assessment, Self-care management, Bioethics, Nutrition and pain, Pain catastrophizing, and a client perspective. Other sessions include Opioid safety, Palliative pain management, Pain management in the emergency, Effective communication with clients in pain, Aging and pain, Mobile device apps for pain, a provincial networking sessions and much more.

www.usask.ca/nursing/cedn

Workshop on Boundaries, Ethics and Professionalism: Professional Boundaries in the Physician-Patient Workshop
Nov 14-15th, 2014
Edmonton, AB

Facilitator: Dr. Glen Gabbard
By: College of Physicians and Surgeons of Alberta

Amy Edgington at 780-969-4938
amy.edgington@cpsa.ab.ca

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WE WANT YOUR FEEDBACK ON...
DELEGATION

DELEGATION OF MEDICAL ACTS TO OTHER HEALTH PROFESSIONALS

This article addresses two matters:

1. The College's ability to authorize physicians to delegate acts within the practice of medicine to other health professionals;

2. The College seeks feedback from members regarding what activities should be the subject of College bylaws to authorize delegation.

This edition of the Newsletter contains an article from the SRNA entitled *SRNA RNs Leading Change* which describes the efforts by the SRNA to ensure that RNs are authorized to do what they are asked to do, and to ensure that RNs have the competencies to do what they are authorized to do.

The College has been working for some time with the SRNA to ensure that their members are properly authorized to undertake the services which they currently perform and which they may perform in future. We anticipate that the primary way this will be accomplished will be through the SRNA recognizing RNs with Additional Authorized Practice and RN Specialty Practices. However, some circumstances may require a process for delegation from a physician to a RN.

A useful description of delegation can be found in the Ontario College of Physicians and Surgeons document Delegation of Controlled Acts. That document states:

Delegation is a mechanism that allows a physician who is authorized to perform a controlled act to confer that authority to another person (whether regulated or unregulated) who is not independently authorized to perform the act.

It is not considered delegation to authorize the initiation of a controlled act that is within the scope of practice of another health professional. It is also not considered delegation to refer a patient to another physician or health professional for care. For the purposes of this policy, "delegation" occurs only when a physician directs an individual to perform a controlled act that the individual has no statutory authority to perform.

A pending change to *The Medical Profession Act, 1981* will give Council the authority to establish bylaws authorizing duly qualified medical practitioners to delegate the performance of acts in the practice of medicine specified in the bylaws to other health professionals specified in the bylaws in accordance with section 82.1

The Council has recognized that there are certain specialized services provided by RNs for which the SRNA cannot be expected to develop standards and processes to authorize RNs to perform them. There may also be certain activities currently undertaken by RNs which fall outside the scope of practice of registered nursing as defined in their legislation. The only way that such services can be authorized is through delegation from a physician to a RN, authorized by College bylaw.

The Council will begin considering possible bylaw changes to authorize delegation from physicians to RNs at the September Council meeting. The College has identified the following activities which are currently undertaken by RNs as potentially appropriate for delegation:

1. Services provided by an RN Neonatal Intensive Transport Team – e.g. endotracheal intubation, initiation of analgesia and sedation, percutaneous chest tube insertion;

2. Services provided by an RN Pediatric Transport Team such as Endotracheal intubation, needle decompressions of the chest, chest tube placement with x-ray and emergency airway procedures;

3. Services provided by an RN as part of an Air Ambulance Team such as endotracheal intubation, initiation and titration of analgesic and sedation, initiation and adjustment of transcutaneous pacemakers and pericardiocentesis;

4. Services provided in connection with STARS, such as endotracheal intubation, administration of vasopressors, cardiac tamponade management, dealing with obstetrical emergencies, femoral line insertion and pericardiocentesis;

5. Services provided in cosmetic clinics such as laser therapy, injections of substances such as botox and dermal fillers and sclerotherapy;

6. Registered nurses acting as RN First Assistant in an operating room, including surgical suturing, electrocautery, harvesting of veins, corneas or other organs, administering first dose anesthetic agents by catheter and administering intravenous push medications for sedation drawn up by an anaesthetist.

...continued on p. 19

Physician update
Informed Consent

HEALTH CANADA'S BLOOD REGULATIONS AND INFORMED CONSENT FOR TRANSFUSION

Background

One of the recommendations of the Krever Report in 1997 was that the federal government develop regulatory requirements that are "clear, intelligible, comprehensive and specific to blood". Health Canada has now written a law (the *Blood Regulations*) designed to ensure vein-to-vein oversight of the safety of blood and blood components. The law will come into full force as of October 23, 2014. Due to its scope, the law will affect all transfusing facilities and all professionals involved in the transfusion process – including physicians.

To determine the province's readiness for the new law, the Transfusion Medicine Working Group (TMWG) conducted audits of transfusion practice. Documentation of Informed Consent for Transfusion was chosen as the first audit.

The audit was based on the Saskatchewan Transfusion Resource Manual, *SK Guideline 1 – Informed Consent for the Administration of Blood Components and Plasma Protein Products* (available at http://www.health.gov.sk.ca/sk-transfusion-resource-manual).

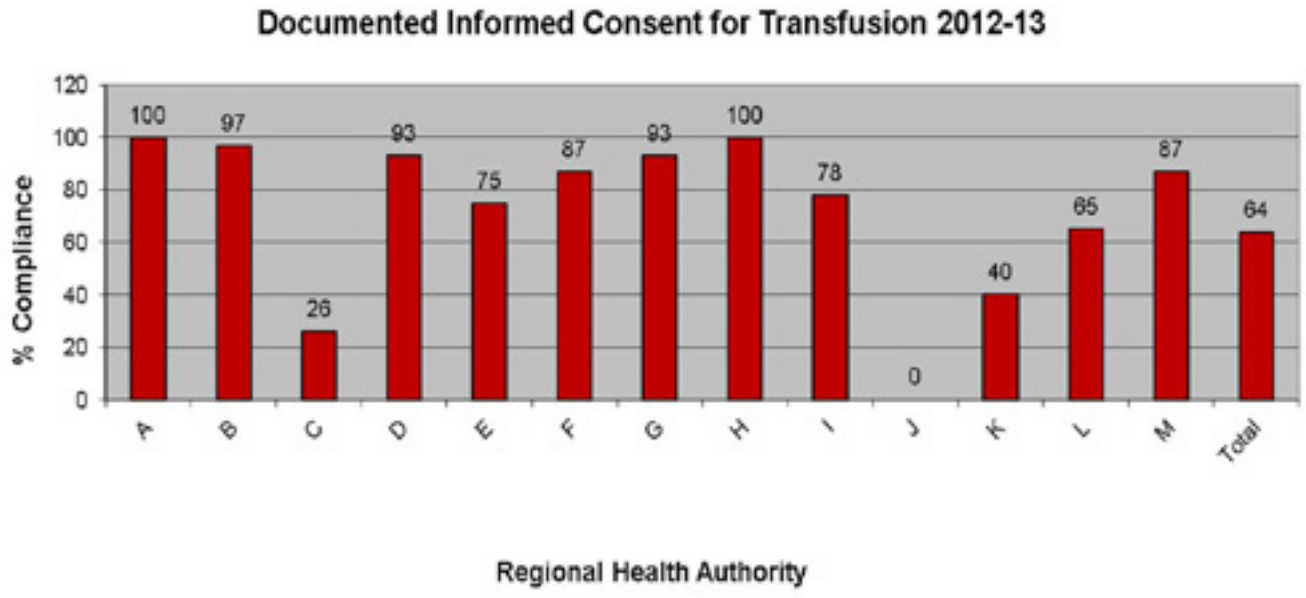
Regional Health Authorities were asked to provide basic background on local Informed Consent policies and procedures, as well as audit 10% of separate patient transfusions (up to 30) from 2012-13. Charts were reviewed to ensure that:

Informed consent for transfusion was documented in the patient's medical record. The Krever Report made it clear that consent for transfusion should not be assumed as a part of a treatment plan, without a specific discussion of the risks and benefits of blood and/or blood components.

The consent was within an acceptable time frame. This is defined as "either one admission or, if a patient suffers from a chronic condition, for one course of treatment within 12 months, so long as … the condition has not significantly changed." Per SK Guideline 1 (approved by the Senior Medical Officer Committee on May 11, 2011)

An authorized practitioner obtained the consent. In Saskatchewan, practitioners authorized to obtain informed consent for transfusion include physicians and, in some circumstances, a Registered Nurse (Nurse Practitioner).

"A Registered Nurse (Nurse Practi-



/continued from *We want your Feedback on...*, p. 17

The College seeks feedback with respect to two issues:

1.

Is it appropriate for the Council to authorize RNs to perform any or all of the activities described above by adopting a bylaw authorizing that delegation? If so, what requirements, if any, should the Council adopt for such delegation to take place?

2.

Are there other activities undertaken by RNs which should be the subject of a bylaw authorizing the delegation of such activities from a physician to a nurse?

Physicians interested in the topic may wish to review the Ontario College policy Delegation of Controlled Acts available at **http://www.cpso.on.ca/Policies-Publications/Policy/Delegation-of-Controlled-Acts**.

However, in reviewing that information, physicians should be aware that what is defined as the practice of medicine in Saskatchewan is different than what are the "controlled acts" in Ontario legislation.

Please provide feedback to the College's Communications Officer, Caro Gareau at caro.gareau@cps.sk.ca.

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tioner), RN(NP), may be authorized to obtain informed consent if this involves common medical disorders for which he/she is currently competent and this is within his/her chosen specialty area of practice. Common medical disorders shall be interpreted to mean health problems, conditions, diseases or disorders that the RN (NP) sees with regularity within the context of his/her practice. **Informed consent is not within the scope of practice for Registered Nurses (RN) or Licensed Practical Nurses (LPN) nor is it a medical function that is transferrable to these health professionals."** Government of Saskatchewan, 9(1)b, 9(2)b; SRNA, 2010; referenced in SK Guideline 1

The results of the audit are as follows: Of 1,189 charts audited in 55 transfusing facilities, 64% of charts contained a valid consent.

The three RHAs with the poorest performance (see graphic on the left) are also among the four RHAs that transfuse 75% of red cells in Saskatchewan.

Based on these results, RHAs are reviewing strategies to improve system performance in this area. Resources to support an informed discussion around transfusion are available from the Saskatchewan Provincial Transfusion Medicine Service, via Melissa Kopciuch, Confidential Administrative Assistant (306-766-0628; melissa.kopciuch@rqhealth.ca). As always, physician consultation in Transfusion Medicine may be accessed from Saskatoon Health Region (306-655-1000; ask for physician on call for Transfusion) and Regina Qu'Appelle Health Region (306-766-4444; ask for physician on call for Transfusions and Hematopathology).

Physicians who would like general information on consent - including how to determine capacity and priority of substitute decision-makers – may consult the resources available on the CPSS website:

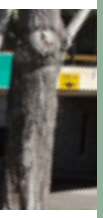
http://www.cps.sk.ca/CPSS/Legislation__ByLaws__Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/Informed_Consent.aspx
and
http://www.cps.sk.ca/CPSS/Legislation__ByLaws__Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/Determining_Capacity_to_Consent.aspx).

We thank Saskatchewan physicians for their ongoing partnership in transfusion safety!

Submitted by:
D. L. Ledingham, MSc, MD, FRCPC,
Hematopathologist;
on behalf of the Saskatchewan
Transfusion Medicine Working Group

SRNA Registered Nurses Leading Change

THE NEW SCOPE OF RNs IN SASKATCHEWAN



Several years ago CPSS informed the Saskatchewan Registered Nurses' Association (SRNA) that *The Medical Profession Act, 1981* did not allow physicians to grant authority to others to perform medical functions, and asked the SRNA to find a mechanism through which RNs could continue to perform these necessary functions.

To this end the SRNA conducted a national and international environmental scan to develop a variety of project options. The RNs Leading Change project has several components that address the new scope of RNs in Saskatchewan.

The components include:

1. **RNs with Additional Authorized Practice** - Residents in many northern communities do not have access to a physician or RN(NP) to meet their primary health care needs. At present RNs in the northern primary care clinics provide this medical care to northern residents. By the end of 2016 only RNs licensed with the SRNA as RNs with additional authorized practice will be able to deliver these medical services. These RNs will possess the competencies to independently manage and treat limited common medical disorders and be guided by a set of SRNA Clinical Decision Tools (CDTs). To ensure that clients whose clinical care is beyond the scope and competencies of the RN with additional authorized practice is addressed, a physician must always be available to consult with and take direction from. The SRNA document: *Standards, Competencies and Clinical Decision Tools for the RN with Additional Authorized Practice (2013)* is available on the SRNA website.

2. **RN Specialty Practices** - RNs throughout the province in a variety of settings currently perform many medical activities. The majority of these activities will be brought into the scope of the RN practice. Processes will be set up to ensure the safe delivery of these nursing services. These activities will be referred to as RN Specialty Practices (RNSPs) and will be supported by either a procedure or Clinical Protocol based upon best practice. These procedures or Clinical Protocols will be developed by the employer in accordance with guidelines set out by the SRNA. The SRNA and the CPSS have developed a joint statement regarding RNSP Clinical Protocols which will be reviewed by SRNA Council in August and available on the SRNA website in September.

3. **Delegation** - There are some very specialized medical activities (e.g. in air ambulance, STARS, and neonatal intensive care units) that require greater involvement of physicians to ensure safe client care. The College of Physicians and Surgeons of Saskatchewan (CPSS) is presently working on bylaws to authorize delegation.

4. **Prior Learning Assessment and Recognition (PLAR)** - Those RNs currently practising in the north and who wish to continue to deliver these services will be required to demonstrate to the SRNA that they have the competencies to do so. A PLAR process is currently being developed which we expect will be ready early in 2015. The RN will be provided with an opportunity to complete customized learning activities and/or education to address any gaps in meeting the competencies identified in the PLAR process.

5. **Nursing Education for the RN with Additional Authorized Practice - Courses are currently being developed that will provide the competencies needed for those who wish to be licensed with the SRNA as a RN with additional authorized practice. We expect that these will be ready fall 2014/2015.**

We encourage you to access the SRNA website for further details:

http://www.srna.org/

Click on the RNs Leading Change logo on the homepage.

If you have further questions please contact Linda Muzio, RN Project Manager, 1 800 667-9945 or 306 359-4231 or lmuzio@srna.org

By Linda Muzio, RN BScN, MSA
SRNA RNs Leading Change Project

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Practical Management of Common Medical Problems Conference

Nov. 22-21, 2014
Saskatoon, SK
By: University of Saskatchewan, College of Medicine, Division of CME

Topics: *Management of Obesity -- Treating to Target - Can We Hit the Mark? -- Chronic Obstructive Pulmonary Disease -- Normal Uterine Bleeding in Primary Care -- Approach to Anemia -- Multiple Sclerosis -- A Process for Rational Prescribing -- Substance Abuse Disorder in Pregnancy -- Red Eye -- Common Dermatology Cases -- Lower Etremity Wound Management -- Probiotics*

www.usask.ca/me
306-966-7787

Our Staff

Senior Staff

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Dr. Micheal Howard-Tripp	Deputy Registrar
Mr. Bryan Salte	Associate Registrar/Legal Counsel
Ms. Barb Porter	Director of Physician Registration Services

Administration

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Caro Gareau	Communications Officer
Ferne Hand	Assistant to Accounting/Finance
Melanie Lafonde	Receptionist
Amy McDonald	Manager of Accounting & Finance
Sue Robinson	Executive Assistant to the Registrar

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Tracy Hastings	Regulatory Services Coordinator
Melissa Hoffman	Complaints Coordinator
Alyssa Van Der Woude	Complaints/Assistant to B. Salte

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Jackie Ernst	Lab Proficiency Testing Consultant
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Laurie Van der Woude	PRP Coordinator
Nicole Mclean	Assistant/PRP & Methadone Program

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Tracy Herzog	Assistant, Registration
Karen Mazurkewich	Registration/Information and Certificate Officer
Karen Mierau	Registration Officer
Amanda Nelson	Registration Officer
Lindsay Schultz	Registration Coordinator
Jori Smith	Assistant, Registration

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