

COUNCIL MEETING

EXECUTIVE SUMMARY

2 and 3 June, 2023

**CPSS/SMA Boardroom
2174 Airport Drive, Saskatoon, SK**

The Council of the College of Physicians and Surgeons of Saskatchewan operates under an explicit set of governance policies. It strives to make its work as transparent as possible to the medical profession and to the general public.

Those portions of Council's deliberations that are not confidential are open to observation by any person subject to space availability in the meeting room.

At the conclusion of each Council meeting an Executive Summary of the meeting is widely distributed to the district medical associations, related organizations and the public media. This Executive Summary provides a brief overview of issues discussed, decisions made and/or actions taken by the Council. If any person wishes more detailed information about any of the issues which are not subject to confidentiality constraints, these can be obtained by contacting Ms. Sue Waddington, Executive Assistant to the Registrar, at 101 – 2174 Airport Drive, Saskatoon, Saskatchewan, S7L 6M6, phone (306) 244 7355, Fax (306) 244 2600, or email OfficeOfTheRegistrar@cps.sk.ca.

1. Council acknowledged that the land on which we gather is Treaty 6 Territory, the traditional territory and home of the Cree, Dakota, Saulteaux and Métis Nations. We would like to affirm our relationship with one another now and for the future, and our role in guiding the profession to achieve the highest standards of care to benefit all people in this territory equally.
2. Council adopted the agenda for the Open Session as presented.
3. Council reviewed and approved the Minutes from the Friday 24 March, 2023 Open Session of the meeting of Council.
4. Council received a report from Mr. Bryan Salte on actions taken in relation to the "For Action Items" from the previous meeting.
5. Council reviewed and approved Monitoring Reports from the Registrar with respect to:
 - (a) The Registrar's Advancement of Council's END-4 - Healthy Public Policy; and

(b) The Registrar's Compliance with Council's Executive Limitation Policies pertaining to:

- (i) EL – 11 – Public Image;
- (ii) EL – 12 – Partnerships and Interorganisational Relationships;
- (ii) EL – 13 – Information Management.

6. Council received a report from Ms. Nicole Bootsman on various provincial standards on prescribing. Council adopted in principle the *Standard of Practice for Prescribing Benzodiazepines and Z-Drugs* based on the document from the College of Physicians and Surgeons of Manitoba, for the purpose of consultation.
7. Council appointed Mr. Femi Ogunrinde, Dr. Sivaruban Kanagaratnam and Dr. Al Beggs to the Governance Committee working on Developing Better Communication with Physicians.
8. Council received a report from Ms. Sheila Torrance with respect to the work of the Governance Committee working on Developing Better Communications with the Public. Members of this committee have been working with a NIRO working group pertaining to a Citizen Advisory Group. Council supports the College's participation in a Citizen Advisory Group pilot project.
9. Council rescinded the College Newsletter policy and adopted the CPSS Publications Policy with a sunset date of 5 years.
10. Dr. Dapo Mabadeje, Chair of the Diversity and Bias Committee, provided an update on the work of the committee. Council members are working through an unconscious bias educational module. Council received an update on the racism survey being developed collaboratively with the SMA. Staff reported on the experiential visit to Blue Quills University.
11. A verbal update on the work of the Truth and Reconciliation Committee was provided by the Registrar. The staff will continue its work to improve access to the quality of care process for Indigenous patients. Dr. James Makokis and Dr. Jean Langley provided information during the Blue Quills visit about the development of a process for the CPSA involving Elders in the CPSA complaint process.
12. Council received a report from Ms. Sheila Torrance on the *Medical Practice Coverage* policy and the response from the specialists which raised concerns about the requirement to be available to take calls directly from patients. Council will alert physicians through email that the committee reviewing this policy will reconsider this aspect of the policy.

Council received an update on the implementation of its strategic plan goals. Mr. Edwards provided a focused report on Goal #1 - *An integrated Information Technology and Information Management Platform to effectively support College decision-making, program evaluation, and engagement with members and the public.*

13. Council received a report from Ms. Sheila Torrance on the issue of Council's ability to require physicians to appear in person for a penalty hearing and/or reprimand. Council approved an amendment to bylaw 8.1 (b) in principle for the purpose of consultation to define as unprofessional conduct a physician's failure to attend in person before Council for a penalty hearing or the administration of a reprimand, if



directed to do so. Council further directed the internal document "Appearing Remotely before Council" be amended as suggested.

14. Council approved an amendment to the Administrative Bylaws and Terms of Reference to include the Laboratory Quality Assurance Discipline Specific Committees. Members of these committees will be brought forward to Council at the September Council meeting.
15. Council received a report from Mr. Bryan Salte, Associate Registrar, on the review of the MAiD policies. Council appointed a committee to review the policies; the committee will consist of Dr. Mark Chapelski, Dr. Al Beggs, Dr. Sarah Mueller, Ms. Carolyn Hlady, and Mr. Bryan Salte with the ability to add other committee members.
16. Council conducted a Penalty Hearing pertaining to Dr. M. Kiapway. Dr. Kiapway admitted the charges laid by the Executive Committee on April 11, 2023 that he failed to meet two requirements of his undertaking in the designated timeframe and failed to request an extension of time to complete the terms in advance of their expiry. A joint submission for penalty was agreed to and was provided by Ms. Sheila Torrance on behalf of the College and Mr. David Thera on behalf of Dr. Kiapway. Council imposed penalty which included a written reprimand.

Written reasons for Council's decision will be presented to Council at its next meeting.

17. Council received a report on the sunset review conducted pertaining to the *Professional Responsibilities in Postgraduate and Undergraduate Education* policy. Council was made aware that the accreditation process for the College of Medicine will occur in November of this year and there are working groups across the country that will bring forward recommendations for changing accreditation standards at the postgraduate level on equity, diversity and inclusivity. Council approved the revisions to the policy as outlined in document 118-23 with a sunset date of one year.
18. Council discussed the feedback on the amended Bylaw 2.4 and Bylaw 2.14 that would permit Canadian trained physicians who lose eligibility for certifying examinations to undergo an assessment which is intended to determine whether the physician has appropriate skill, knowledge and suitability to practise independently. Council amended the draft bylaw to remove "resource need" as a relevant criteria to determine if such a physician will be offered an alternative pathway to licensure and amended the draft bylaw so that Council, and not the Registrar, will make a decision whether to offer an alternative pathway to licensure. Council approved the draft bylaws as amended.
19. Council approved a bylaw change to impose late fees for those physicians who fail to renew their licences by November 1st and those corporations that fail to renew their corporate permits by December 31st.
20. Council considered an application from Dr. M. A. R. Sayeed to remove all restrictions from his practice. Council declined to remove the restrictions. Written reasons will be prepared and presented to Council for consideration at the next meeting.

21. Council considered a request from Dr. J. Velestuk to amend the terms of his undertaking with the College. Council approved the change to permit Dr. Velestuk to complete three 12 hour shifts per month in the community for which the request was made.
22. Council considered Robert's Rules for the recording of minutes and agreed that it would continue to apply Robert's Rules.
23. The Registrar provided a report on the Risk Register commenting on the top five risks identified.
24. Council approved the 2022 annual report in principle for distribution, once final approval has been given by the Registrar.
25. Council conducted a penalty hearing pertaining to Dr. A. Van Der Merwe. Dr. Van Der Merwe admitted a charge involving failure to appropriately delegate the provision of Botox and dermal fillers when acting as the Medical Director at BodySculptingRegina. Counsel for the College and counsel for Dr. Van Der Merwe submitted a joint submission for penalty for Council's consideration. Ms. Rochelle Wempe provided submissions on behalf of the College and Ms. M. Stack provided submissions on behalf of Dr. Van Der Merwe. Council imposed a penalty consisting of a written reprimand, and payment of costs.
26. Ms. Beckie Wills, Director of Finance and Accounting, provided a report on the 2022 Year End Audited Financial Statements for the CPSS, the Prescription Review Program (PRP) and the First Nations & Inuit Health Branch (FNIHB) program.

Council appointed KPMG as auditors for the CPSS, PRP and FNIHB programs for the next fiscal year.

27. Ms. Debra Wright, Director of Registration Services, provided a report to Council on recommendations from the Registration Committee.

Council approved alternative methods for an applicant physician to demonstrate English language proficiency.

Council adopted a bylaw amendment to allow the College to accept alternative methods for a physician to demonstrate adequate medical knowledge. Currently, physicians seeking licensure are required to pass either MCCQE1 or the USMLE examinations. The Council adopted the following resolution:

*Regulatory bylaw 2.3 (d) (vii) is rescinded and the following adopted in its place
(vii) Provide proof that the physician has passed the Medical Council of Canada qualifying Examination Part 1(MCCQE1), provide proof that the physician has successfully completed medical licensing examination in the United States of America acceptable to the Council, or provide other proof of appropriate medical knowledge acceptable to the Council;*

Council also considered categories of physician qualifications which might be accepted by the College as other proof of appropriate medical knowledge once the bylaw comes into effect. Council accepted the recommendation from the Registration Committee that the following classes of applicants should not be required to pass MCCQE1 or USMLE in order to be eligible for a licence:

- *Internationally-trained physicians practising outside of Canada, who have medical training, post graduate training and certifying exams from their country of training.*
 - *Internationally trained specialists who require a Pre-Licensure Assessment to determine competency, safety and medical knowledge suitable for supervised practice.*
 - *Internationally trained specialists from approved jurisdictions, as identified by the Royal College of Physicians and Surgeons of Canada (RCPSC), which would include Australia, New Zealand, United Kingdom and Ireland, South Africa, Singapore and Hong Kong.*
28. Council conducted a penalty hearing pertaining to Dr. A. Nguigno. Dr. Nguigno admitted the charges laid by Council in March 2023 pertaining to altering records, providing inaccurate information to the JMPRC, and inappropriate billing. Counsel for the College and counsel for Dr. Nguigno submitted a joint submission for penalty for Council's consideration. Ms. Sheila Torrance provided submissions on behalf of the Registrar's Office and Mr. Collin Hirschfeld made submissions on behalf of Dr. Nguigno. Council imposed penalty consisting of a written reprimand, a suspension of licence for a period of 3 months, payment of a fine, successful completion of an ethics course and a medical record keeping course acceptable to the Registrar, and payment of costs.
29. Council received a report on the recent changes to *The Medical Profession Act, 1981* that came into effect May 15, 2023. The three changes that are most relevant to the Executive Committee and the Council include:
- *The recent legislative changes will allow the Executive Committee to order a physician to complete a specified continuing or remediation program (SCERP) or to appear before Council or the Executive Committee to be cautioned. This is a non-disciplinary outcome, to be used if the Executive Committee identifies the need for a physician to obtain medical education and concludes that this is an appropriate way to resolve a disciplinary complaint. The section also codifies the provisions for accepting an undertaking from a physician which currently is addressed through the Alternate Dispute Resolution policy.*
 - *The legislative changes will also permit the College to have a fitness to practice regime which will allow the physician to undergo an assessment and address concerns about a physician's practice that arise from the physician's health condition. Presently this is done voluntarily.*
 - *The legislative changes will also permit the Executive Committee to order interim suspensions, limitations or restrictions without them being considered by Council.*

Council considered the question as to whether SCERPs will be published; Council determined that any restrictions on a physician's ability to practise contained in a SCERP will be posted on the website, but information that is not a practice restriction such as required education will not be. If the physician completes a SCERP successfully, the information about the practice restriction will be removed from the website.

30. Council received a report from Ms. Debra Wright, Director of Registration Services, on the proposal from the Provincial Head of Anesthesiology Dr. M. Raazi and the Saskatchewan Health Authority to develop and implement a Pre-Licensure Assessment Program.

Council approved the Pre-Licensure process as presented, as meeting the requirements of an assessment program leading to an educational licence for the physicians being assessed.
31. Council considered a request from Dr. Mugerwa to amend Council's order to allow him until October 1 to complete additional training and demonstrate he has regained competency from Council's previous decision of March 24, 2023. Council granted the extension.
32. Council received an update on the status of bylaws. All bylaws are in effect except the bylaws adopted at the March meeting. The 90 day period for the Minister to approve or veto the bylaws has not yet arrived.
33. Council approved the Minutes of the Closed Session of Council for the 24 & 25 March, 2023.
34. The President, Dr. Beggs reported on the actions taken by the Executive Committee since the March meeting.
35. Council approved the reasons for its decision pertaining to Dr. A. Albertyn. The reasons will be provided to Dr. Albertyn and his legal counsel and posted on the College website.
36. Council considered a Preliminary Inquiry Committee report and determined it would offer pre-charge ADR, the terms to be approved by the Executive Committee.
37. Council considered a Preliminary Inquiry Committee report and concluded that charges were likely not provable, and therefore the College would take no further action.
38. The Council directed the Registrar's Office to write a letter to the Minister raising the issue of inadequate mental health services identified in a preliminary inquiry committee report. An additional letter will be addressed to the Deputy Commissioner, SHA and RCMP raising Council's observations and concerns.
39. Council received a report from Ms. Sheila Torrance on a number of complaint cases lodged against a physician to consider the option of alternative dispute resolution (ADR) to resolve the matters.

Council determined it would offer post-charge ADR with the outlined terms to address two cases. The remainder of the cases will be further investigated before a decision is made as to what, if any, action should be taken to address the concerns set out in the complaints.
40. Ms. Torrance reported on the status of discipline files.
41. Council received an update on the status of Quality of Care cases from the Deputy Registrar, Dr. Werner Oberholzer.

42. Council received a presentation on Policy Governance from the Registrar.
43. Mr. Salte provided the list of the For Action Items pertaining to the work of Council.