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This report reflects Council and College activities from January 1 to December 31, 2018.

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<td>Committee Members</td>
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The College of Physicians and Surgeons of Saskatchewan is a statutory, professionally-led regulatory body established by legislation of the Government of Saskatchewan and charged with the responsibility to:

- License qualified medical practitioners;
- Develop policies, guidelines and standards of practice in all fields of medicine and ensure their implementation;
- Receive and review complaints, and discipline physicians whose standards of medical care and/or ethical and/or professional conduct are brought into question;
- Administer quality assurance programs under contracts with the Government of Saskatchewan.

Mission

To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care.

Values

The College of Physicians and Surgeons of Saskatchewan promises to be:

- Principled
- Accountable
- Transparent
- Progressive
- Collaborative
- Service Oriented

Vision

The quality of health care in Saskatchewan will be improved by achieving excellence through (our ends):

- Public Protection
- Healthy Public Policy
- Medical Profession Prepared for the Future
- Professionally Led Regulation
The College of Physicians and Surgeons of Saskatchewan’s mission is to serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care. As a statutory, professionally-led body established in legislation by the Government of Saskatchewan we are charged with the responsibility to:

- License qualified medical practitioners;
- Develop policies and standards of practice;
- Receive and review complaints and discipline physicians whose standard of medical care and/or ethical or other professional conduct has been brought into question, and;
- Administer quality assurance programs.

The College of Physicians and Surgeons of Saskatchewan also operates four programs under contract with the Ministry of Health:

- The Laboratory Quality Assurance Program;
- The Diagnostic Imaging Quality Assurance Program;
- The Prescription Review Program, and;
- The Opioid Agonist Therapy Program.

In addition to completing our core work and continuing to work towards outcomes in the strategic initiatives, Council devoted a significant amount of time in 2018 to its response in several other areas including:

1. Truth and Reconciliation
2. Opioid Misuse and Abuse
3. Sexual Boundaries and Sexual Abuse;
4. Governance

Truth & Reconciliation

The Truth & Reconciliation Committee has been working on developing terms of reference as well as an acknowledgement 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 have been fortunate to have one of our public Councillors Mr. Burton O’Soup, an Indigenous member of The Key First Nation, serve as Chair of this committee. Much of the committee’s work is to identify opportunities to educate Council members and staff and our physician members to ensure that we are contributing to an environment of cultural safety.

Opioid Misuse and Abuse

Council has appointed a sub-committee to look at opioid prescribing in Saskatchewan to determine best practices and consider whether certain elements should be mandatory, such as education and the use of the Pharmaceutical Information Program. Council has provided additional funding to engage a part-time pharmacist to assist in developing educational strategies for optimal opioid prescribing.
The College has been working with the Ministry of Health to develop a new Microstrategies database which will have more analytical capability and allow the Prescription Review Program staff to identify opportunities to improve prescribing practices.

New opioid agonist therapy standards, guidelines and policies have been developed as a result of the changes when physicians were no longer required to obtain approval from Health Canada to prescribe methadone. Council determined that an appropriate standard should be set for educational requirements to guide physicians in proper opioid agonist therapy prescribing, which led to a new approval process for prescribers. Part of the educational process is to be mentored. This hopefully will develop the relationships that will support and sustain these physicians in continuing to prescribe opioid agonist therapy. Council and staff continue to seek ways to address the lack of opioid agonist therapy prescribers and hope that physicians will consider contributing by looking after their own patients by being a secondary prescriber for maintenance therapy.

Sexual Boundaries and Sexual Abuse by Physicians

Council has started its work on reviewing sexual boundary violations and sexual abuse of patients by physicians. We are keeping abreast of the changes across the country in our sister regulatory organisations. The work will be supported with information arising from FMRAC’s annual meeting. The theme of that meeting will be “Physician Sexual Boundary Violations: Effective and Proactive Regulation for Public Protection”.

Governance Review

Council has started its work on a governance review. As a result of the province’s decision to move to a single health region, Council has reorganized the boundaries in which Councillors are elected to Council.

Council is looking at best practices for governance including Council size, diversity, etc. Mr. Graeme Keirstead from the College of Physicians and Surgeons of British Columbia provided some highlights of its work on governance review to assist Council. Council identified that it has five areas it wishes to work on initially:

1. Developing better communications with physicians.
2. Developing better communications with patients.
3. Developing expected competencies for Councillors and establishing a process to assist with recruitment.
4. Developing a better method for Councillor Assessment.
5. Should there be additional standing committees (e.g. a committee that does policy development)? If so, what committee(s)? How should they be constituted?

Alternate Dispute Resolution

In addition to updating its policies and bylaws, Council has been looking at Alternate Dispute Resolution (ADR) as an additional mechanism to deal with some of the discipline cases which might be amenable to ADR.

Council will continue into the new year with its review of governance issues, including the ADR work, as well as the work in response to reconciliation and the opioid crisis.

It is a privilege to regulate the practice of medicine in the public interest.
Council and Senior Staff (January 2018)

Back Row/Standing (L-R): Dr. Werner Oberholzer, Dr. James Carter, Dr. N. Prasad Bhathala Venkata, Dr. Karen Shaw (Registrar), Dr. Preston Smith, Mr. Chris Mason, Dr. Mark Chapelski, Dr. Oladapo Mabadeje, Mr. Bryan Salte, Dr. James Fritz, Dr. Oluwole Oduntan, Dr. Olawale (Franklin) Igbekoyi, Ms. Susan Halland, Mr. Ken Smith, Dr. Edward Tsoi, Mr. William Hannah, Dr. Pierre Hanekom, Ms. Caro Gareau, Ms. Sue Waddington.

Front Row/Sitting (L-R): Mr. Marcel de la Gorgendiére, Dr. Micheal Howard-Tripp, Dr. Laura Lee McFadden, Dr. Grant Stoneham (Vice President), Dr. Alan Beggs, Dr. Brian Brownbridge (President), Dr. Adegboyega Adewumi, Ms. Sheila Torrance.

Council Members

Dr. Brian Brownbridge
Dr. Grant Stoneham
Dr. Alan Beggs
Dr. Micheal Howard-Tripp
Dr. Laura Lee McFadden
Dr. Alan Beggs
Dr. Brian Brownbridge
Dr. Adegboyega Adewumi
Saskatoon
Saskatoon
Regina
Moose Jaw
Regina
North Battleford
Lloydminster
Saskatoon
Regina
Prince Albert
Air Ronge
Melfort
Kenaston
Saskatoon
Rosetown
Saskatoon
Prince Albert
Yorkton
Saskatoon
Saskatoon
Norquay
Estevan
Swift Current

Anaesthesia
Diagnostic Radiology
Orthopedic Surgery
Psychiatry
General Surgery
Public Member
Family Medicine
Public Member
Otolaryngology
Public Member
Public Member
General Practice
Public Member
Student Observer
Family Medicine
General Surgery
General Practice
Student Observer
Public Member
College of Medicine
Public Member
Family Medicine
Psychiatry

Executive Committee

Dr. Brian Brownbridge
Dr. Grant Stoneham
Dr. Ed Tsoi
Dr. Mark Chapelski
Mr. Ken Smith
President
Vice President
Member at large - Physician Member
Member at large - Physician Member
Member at large - Non-Physician Member
Alignment and Innovation
The 2014-2019 Strategic Plan

In 2018, the College of Physicians and Surgeons of Saskatchewan continued its focus on three strategic priorities:

1) Optimize Practice Excellence

The College continues to improve its processes to assess physicians for entry to practice, in alignment with national standards.

Working with FMRAC, the College continues to work on enhancing competency throughout the physicians’ career lifecycle. The College worked with FMRAC, the College of Family Physicians of Canada, and the Royal College of Physicians and Surgeons of Canada to establish a process to ensure compliance with the continuous medical education requirement. In addition, the College continues to be a stakeholder in the Physician Performance Improvement framework of FMRAC and its partner, the Medical Council of Canada.

The College has completed the processes to change scope, which assists in ensuring that physicians work within their current skills and knowledge.

The College has updated a number of practice standards and guidelines in 2018, which are reported elsewhere in the annual report.

2) Enhance Awareness and Trust of the College

The College has worked with its external partners and external stakeholders to improve communications. Stories and statements gathered from Indigenous people shape our understanding of their reality. The College supported the Gathering for the Miyo Mahcihowin (physical, mental, emotional and spiritual well-being) conference held in Saskatoon March 15-16, 2019.

The Quality of Care department has reinstituted a survey of its complaints review process, and Registration Services continues to update standard operating procedures, and cross train to facilitate workload leveling and be able to respond to licensure requests in a timely manner.

To ensure continued dialogue with the membership and the public, we seek feedback on our processes and policies. The College continues to review its bylaws with stakeholder input to ensure they are current and relevant. We are using social media as a vehicle to improve communication with our members and the public.

3) Optimize Operational Excellence

The Human Resource work included the updating of job profiles and accountabilities, improvement to the orientation to the College with onboarding documents, and an updated employee handbook. Continued efforts have been made to improve work-life harmony for staff through improved workflows and leveling of workloads.

The College continues to improve its efficiency and effectiveness of its internal processes through continuous review. A document management system is operational and the plans to improve workflow processes is ongoing.

The College continues to effectively manage its resources and provides services on behalf of the Ministry with its role in Non-Hospital Treatment Facilities, Laboratory Quality Assurance, Diagnostic Imaging Quality Assurance, Opioid Agonist Therapy, and the Prescription Review Programs.

Council has started its Governance review for its effectiveness.
Our Projects for 2019

Plans to renew Council's strategy for the future are already underway, as 2019 will mark the final year of the current 2014-2019 Strategic Plan. In a new strategic plan to be developed for 2020 onwards, Council aims to continue to improve its efforts and initiatives to ensure the delivery of the highest standards of care for all Saskatchewan citizens. For the coming year, we plan to:

Governance

- develop a new Strategic Plan;
- continue to review the Governance model and consider best practices;
- work towards increasing the diversity of Councillors;
- develop new policies and improve existing policies to guide our members;
- continue the work of the Truth and Reconciliation Committee and seek collaboration and partnerships with Indigenous organisations to assist us with committee work relating to the Calls to Action in the Truth & Reconciliation Commission Report;

Operational

- continue the nearly completed move to electronic files;
- continue to optimize the Quality of Care processes to better assist the public and affected physicians in navigating through the system;
- continue to improve the timely disposition of discipline matters, consistent with legal principles of fairness and natural justice;
- continue to collaborate with national partners in integrating International Medical Graduates (IMGs) into the workforce through nationally accepted practice ready assessment processes;
- continue to improve the supervision process and summative assessment process to assist our internationally trained physicians to achieve an enduring form of licensure;
- continue collaborating at a national level in reviewing Physician Assessment Tools and their potential use in physician performance improvement;
- explore new solutions for improving delivery of our communications to physicians and the public;
- continue to seek solutions to improve capacity and optimize the use of information management systems;
- continue to review risk and risk mitigation strategies in the College's operations;
- work towards succession planning for several senior management positions.

We look forward to further developing the current initiatives in 2019 and pursuing new initiatives for improvement within the next Strategic Plan.
Bylaw Development and Changes

The College’s Regulatory Bylaws establish expectations for physicians and for the College. They establish practice standards, establish a Code of Ethics, define certain forms of conduct as unprofessional and establish requirements for licensure. The Council actively reviews College bylaws, policies, standards and guidelines to ensure that they remain appropriate. All are posted on the College’s website.

Bylaw Changes in 2018

During 2018, the Council adopted several changes to the College’s Regulatory Bylaws:

1. **The Medical Council of Canada Qualifying Examination Part 1 (MCCQE1) will be a minimum requirement for licensure.**
   
   The Medical Council of Canada no longer offers the Medical Council of Canada Evaluating Examination. Effective June 30, 2019 MCCQE1 will be the minimum requirement for licensure in Saskatchewan. MCCEE will no longer be accepted.

2. **The Regulatory bylaws were amended to make it clear that a physician whose postgraduate training was taken outside of Canada can attain a regular licence with MCCQE1 and 5 years of successful practice.**
   
   Bylaw 2.4 was amended to make this clear. This applies to physicians who were licensed on a provisional licence prior to the 2014 changes to the regulatory licensing bylaws, as well as physicians who were licensed after that date.

3. **A physician on a provisional licence who has chosen to seek regular licensure by a summative assessment, but who attains FRCP/FRCS/CCFP, will no longer be eligible for a summative assessment.**
   
   Bylaw 2.5 was amended as a result of a concern that a summative assessment is not appropriate for a physician who has attained certification with one of the two Canadian certifying bodies.
   
   In order to attain a regular licence, the physician will be required to either:
   
   a. Attain the LMCC; or
   
   b. Attain MCCQE1 and complete 5 years of successful practice.

4. **Retaliating against a person who has filed a complaint or participated in a regulatory proceeding has been defined as a form of unprofessional conduct.**
   
   Bylaw 8.1 was amended by defining what constitutes “retaliating or discriminating against a person for taking part in a regulatory proceedings” and by stating that is unprofessional conduct.

5. **Responsibilities of Medical Directors of Diagnostic Imaging Facilities**
   
   Bylaw 25.1 was amended to clarify and expand the duties and responsibilities of a medical director of a diagnostic imaging facility.

Administrative bylaws deal with matters internal to the College, such as terms of reference for committees and processes for meetings.

Regulatory bylaws deal with more substantial issues related to the regulation of the medical profession. Regulatory bylaws deal with standards of practice, requirements for licensure and similar matters.

The College’s practice is to consult with stakeholders when considering changes to its regulatory bylaws. Changes to the regulatory bylaws must be submitted to the Minister of Health. The Minister of Health can veto any changes to regulatory bylaws.
6. **Delegation to laser technicians**

Bylaw 23.4 was added to allow physicians to delegate the ability to perform certain laser procedures to non-physicians. The delegation must meet the requirements of the bylaw, including an obligation for the physician to assess each patient, be available to attend at the facility where the laser therapy is provided and exercise an appropriate degree of supervision over the person to whom this is delegated.

7. **Prescribing of methadone or buprenorphine/naloxone**

Until April 2018, a physician could only prescribe methadone if that physician received an exemption from Health Canada to do so. That exemption was no longer required, or available, after April 2018. Council amended the existing Bylaw 19.1 to require physicians to obtain permission from the Registrar to prescribe methadone or buprenorphine/naloxone for addiction. A physician is not required to obtain the permission of the Registrar to prescribe in an Emergency Department, during a patient’s short-term admission to hospital or to a patient in a correctional facility. The bylaw establishes some of the requirements for a physician to obtain the Registrar’s permission to prescribe buprenorphine/naloxone or methadone for addiction.

In order to receive the Registrar’s permission to prescribe methadone or buprenorphine/naloxone for addiction, the physician must meet training requirements, practise in an environment with practice supports, etc.

Council also updated its standards, guidelines and policies related to Opioid Agonist Therapy. Physicians who provide Opioid Agonist Therapy, or who are considering doing so, must be aware of and follow those standards, guidelines and policies.

**Policies, Standards & Guidelines**

The Council of the College actively reviews its policies, standards and guidelines to ensure that they remain appropriate. Guidelines, standards and policies are assigned a sunset date for review.

**Complementary and Alternative Therapies - NEW**

This document was adapted from a similar document established by the College of Physicians and Surgeons of British Columbia and establishes expectations for physicians who provide complementary or alternative therapies.

Those include:

- The physician should use appropriate and conventional methods to establish a diagnosis and basis for treatment;
- The physician should provide full and accurate information to the patient to allow the patient to provide informed consent before agreeing to accept a complementary or alternative therapy; and
- The physician should offer standard therapies before complementary or alternative therapies are provided.

**Medical Assistance in Dying - AMENDED**

The policy was amended to address the reporting requirements of the Government of Canada for physicians who receive a written request for Medical Assistance in Dying (MAiD), physicians who assess patients for eligibility for MAiD, or physicians who provide MAiD. The forms which physicians are required to use were also updated.

**Opioid Agonist Therapy Standards and Guidelines – NEW || Opioid Agonist Therapy (OAT) Prescribing - AMENDED**

These policies address two issues:

1. The requirements that a physician is expected to meet in order to receive the Registrar’s approval to prescribe methadone or buprenorphine/naloxone for addiction;
2. The standards that a physician is expected to meet when prescribing methadone or buprenorphine/naloxone for addiction.
Performing Office-based Insured Procedures – NEW

This document was adapted from similar documents established by the UK General Medical Council and the College of Physicians and Surgeons of Manitoba. It establishes expectations for physicians who perform such procedures, including expectations for patient safety and quality of care, patient consent, authorizing others to participate in patient care, and liability protection. It also reinforces the obligation of physicians to seek approval from the College for a change in scope of practice if the physician has not recently provided a particular medical service.

Performing Office-based Non-insured Procedures – NEW

This document was adapted from similar documents established by the UK General Medical Council and the College of Physicians and Surgeons of Manitoba. It establishes expectations for physicians who perform such procedures, including expectations for patient safety and quality of care, patient consent, authorizing others to participate in patient care, and liability protection. It also reinforces the obligation of physicians to seek approval from the College for a change in scope of practice if the physician has not recently provided a particular medical service, and the expectations for honesty in financial dealings with patients.

Professional Responsibilities in Postgraduate and Undergraduate Education – NEW

Council rescinded the previous policy, Supervision of Postgraduate Clinical Trainees, and replaced it with a new policy, Professional Responsibilities in Postgraduate and Undergraduate Education. The policy adopts the two policies of the College of Medicine on these topics. Doing so avoids inconsistency between the expectations of the College of Medicine and the expectations of the College of Physicians and Surgeons.

Other Reviewed Policies

The Council establishes sunset dates for its policies and reviews them at the sunset date. The policies which were reviewed with a new sunset date set without significant changes were:

- Clinics that Provide Care to Patients Who Are Not Regular Patients of the Clinic
- College Newsletter (Editorial Policy)
- Licensure of Physicians to Work in Limited Roles
- Patients Who Threaten Harm to Themselves or Others
- Renewal Questions - Use of Information by the College
- Ultrasound for Non-Medical Reasons
The Membership

The College’s Registration Services department is responsible for the licensure of physicians wishing to practise in Saskatchewan.

Physician Membership

<table>
<thead>
<tr>
<th>Activity</th>
<th>Active Licences</th>
<th>Inactive Licences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Registered as at December 31, 2017</td>
<td>2480</td>
<td>321</td>
</tr>
<tr>
<td>Newly registered from Saskatchewan</td>
<td>59</td>
<td>0</td>
</tr>
<tr>
<td>Newly registered from other provinces</td>
<td>43</td>
<td>0</td>
</tr>
<tr>
<td>Newly registered from other countries</td>
<td>122</td>
<td>0</td>
</tr>
<tr>
<td>Reactivated to Regular License from Inactive License</td>
<td>12</td>
<td>-12</td>
</tr>
<tr>
<td>Reactivated to Regular License or Inactive License from absence</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Moved from Time-Limited License to Active License</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Moved to Inactive In-Province License</td>
<td>-36</td>
<td>36</td>
</tr>
<tr>
<td>Moved to Inactive - Disabled License</td>
<td>-3</td>
<td>3</td>
</tr>
<tr>
<td>Moved to Inactive Out-of-Province License</td>
<td>-77</td>
<td>77</td>
</tr>
<tr>
<td>License Expired/Invalid</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>License Lapsed on Request or Non-payment</td>
<td>-36</td>
<td>-44</td>
</tr>
<tr>
<td>Deceased</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Moved from Active/Inactive to Time-limited License</td>
<td>-4</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Registered as at December 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>Active Licences</th>
<th>Inactive Licences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2570</td>
<td>381</td>
</tr>
</tbody>
</table>

Educational Membership

The College handles educational licences for students at the College of Medicine (new medical students, clerks and clerk electives, and new or promoted residents and resident electives).

<table>
<thead>
<tr>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Educational Licences*</td>
</tr>
<tr>
<td>* Approximate count.</td>
</tr>
</tbody>
</table>

Other Registration Activity

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inquiries About Licensure</td>
</tr>
<tr>
<td>New Physician Applications</td>
</tr>
</tbody>
</table>

Corporate Membership

The College manages the registration process for medical corporations for the Province of Saskatchewan.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 31, 2017</td>
<td>1702</td>
</tr>
<tr>
<td>Expired</td>
<td>-83</td>
</tr>
<tr>
<td>Newly registered</td>
<td>116</td>
</tr>
<tr>
<td>Total at December 31, 2018</td>
<td>1735</td>
</tr>
</tbody>
</table>
MOBILITY

How many physicians arrived to practice or returned to active licensure in Saskatchewan in 2018?
Where did they come from?
- Other Countries - 122
- Other Provinces - 43
- Saskatchewan - 59
- Licence Reactivation - 17
- From Time-Limited Licence - 7

SUBTOTAL: 248

How many physicians discontinued practicing in Saskatchewan in 2018?
- Licence Lapsed - 36
- Moved to Inactive - Out of Province - 77
- Moved to Inactive - In Province Licence - 36
- Moved to Inactive - Disabled Licence - 3
- License Expired/Invalid - 1
- Moved to Time-Limited Licence - 4
- Deceased - 1

SUBTOTAL: 158

NET INCREASE in PHYSICIANS in 2018
90

EDUCATIONAL DIVERSITY

Where did physicians who registered with us for any period of time in 2018 obtain their Medical Degree?

Top 20 countries*

<table>
<thead>
<tr>
<th>Country</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>1761</td>
</tr>
<tr>
<td>South Africa</td>
<td>327</td>
</tr>
<tr>
<td>Nigeria</td>
<td>185</td>
</tr>
<tr>
<td>India</td>
<td>135</td>
</tr>
<tr>
<td>Ireland</td>
<td>102</td>
</tr>
<tr>
<td>Pakistan</td>
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<tr>
<td>Iran</td>
<td>65</td>
</tr>
<tr>
<td>Egypt</td>
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</tr>
<tr>
<td>United Kingdom</td>
<td>52</td>
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<tr>
<td>Libya</td>
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<tr>
<td>Poland</td>
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<tr>
<td>Bangladesh</td>
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</tr>
<tr>
<td>Dominica</td>
<td>19</td>
</tr>
<tr>
<td>Netherlands/Antilles</td>
<td>16</td>
</tr>
<tr>
<td>Phillipines</td>
<td>15</td>
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<tr>
<td>Grenada</td>
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</tr>
<tr>
<td>Iraq</td>
<td>13</td>
</tr>
<tr>
<td>Mexico</td>
<td>12</td>
</tr>
<tr>
<td>Australia</td>
<td>11</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>11</td>
</tr>
</tbody>
</table>

*Includes country of MD training for physicians, clerks, interns and residents who practiced in Saskatchewan with an active licence, including time-limited licenses, for any period of time in 2018.
ASSESSMENTS

Summative Assessments

The College continues to conduct summative assessments for family physicians and specialists. In 2018, 49 family physicians and 3 specialists completed summative assessments.

The College is grateful to all assessors who have supported Saskatchewan physicians through this labour-intensive process.

The College continues to actively recruit practice supervisors and summative assessors for both family physicians and specialists.

Saskatchewan International Physician Practice Assessment

The Saskatchewan International Physician Practice Assessment (SIPPA) program accepted several candidates who successfully completed the rigorous process of examinations and assessments to obtain licensure in Saskatchewan.

<table>
<thead>
<tr>
<th>Iteration</th>
<th># of candidates</th>
<th># successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter 2018</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Spring 2018</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Fall 2018</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>39</strong></td>
<td><strong>38</strong></td>
</tr>
</tbody>
</table>
THE QUALITY OF CARE TEAM

The Quality of Care Department faced several changes late in 2018 after the Deputy Registrar and Medical Manager, Quality of Care, and the Senior Medical Advisor left to pursue other opportunities. A new Deputy Registrar and Medical Manager of Quality of Care and a new Senior Medical Advisor joined the College, with one additional Senior Medical Advisor expected to join the team in 2019. In addition, a temporary replacement was found for one support staff who began a leave of absence.

Change was also present within the Quality of Care Advisory Committee (QCAC) itself: 2018 saw Ms. Sandy Lougheed retire and Mr. Brad Senger appointed to one of the public member positions. Dr. Joshka Nel will be filling Dr. Valerie Olsen’s position as a physician member. Even so, the Quality of Care Advisory Committee met six (6) times during the year.

Statistics in Quality of Care

Current statistics show that there has been an increase in activity in all areas of the Quality of Care department. Numerous factors appear to have led to this increase. Some discussions, among others, have centred on public awareness, public education to the College’s programs, the #metoo movement, and increased social media about patient/physician interactions.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Calls Received</th>
<th>Complaint Forms Mailed Out</th>
<th>Formal Complaints Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2905</td>
<td>382</td>
<td>216</td>
</tr>
<tr>
<td>2018</td>
<td>2979</td>
<td>433</td>
<td>298</td>
</tr>
<tr>
<td>Total Increase</td>
<td>2.5%</td>
<td>12%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Complaints Received

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>Variance+</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Complaints</td>
<td>298</td>
<td>216</td>
<td>38.0%</td>
</tr>
<tr>
<td>Complaint Files Closed</td>
<td>272</td>
<td>208</td>
<td>30.8%</td>
</tr>
<tr>
<td>Complaint Files in Progress at Dec 31</td>
<td>63</td>
<td>49</td>
<td>28.6%</td>
</tr>
<tr>
<td>Total Physicians Receiving Complaints</td>
<td>242</td>
<td>172</td>
<td>40.7%</td>
</tr>
</tbody>
</table>

Days to Close of File

<table>
<thead>
<tr>
<th>Days from Receipt of File to Closed</th>
<th>Days from Receipt to Final Letter</th>
<th>Days from Close to Final Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>140</td>
<td>163</td>
<td>8</td>
</tr>
<tr>
<td>120</td>
<td>137</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>104</td>
<td>13</td>
</tr>
</tbody>
</table>

Fast Fact

The number of days required to close a file has improved by 13% between 2017 and 2018.
**Resolution of Complaints Received**

<table>
<thead>
<tr>
<th>Determination</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unfounded</td>
<td>325</td>
</tr>
<tr>
<td>Founded</td>
<td>151</td>
</tr>
<tr>
<td>Partially Founded</td>
<td>50</td>
</tr>
<tr>
<td>No Determination</td>
<td>46</td>
</tr>
<tr>
<td>Patient Responsibility</td>
<td>3</td>
</tr>
<tr>
<td>Unassigned</td>
<td>15</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>1</td>
</tr>
<tr>
<td>Resolved Without Physician</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>598</td>
</tr>
</tbody>
</table>

**Top Concerns Among Complaints Received**

*a single complaint may contain more than one allegation*

<table>
<thead>
<tr>
<th>Complaints Received</th>
<th>2018</th>
<th>%</th>
<th>2017</th>
<th>%</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. Quality of Interaction/Communication</td>
<td>148</td>
<td>24.7%</td>
<td>137</td>
<td>29.3%</td>
<td>8.0%</td>
</tr>
<tr>
<td>B3. Treatment and Care</td>
<td>205</td>
<td>34.3%</td>
<td>174</td>
<td>37.3%</td>
<td>17.8%</td>
</tr>
<tr>
<td>B4. Practice Management/Access</td>
<td>117</td>
<td>19.6%</td>
<td>64</td>
<td>13.7%</td>
<td>82.8%</td>
</tr>
<tr>
<td>B5. Quality of Care</td>
<td>52</td>
<td>8.7%</td>
<td>35</td>
<td>7.5%</td>
<td>48.6%</td>
</tr>
<tr>
<td>B6. Systemic</td>
<td>23</td>
<td>3.8%</td>
<td>26</td>
<td>5.6%</td>
<td>-11.5%</td>
</tr>
<tr>
<td>C1. Competence/Knowledge</td>
<td>36</td>
<td>6.0%</td>
<td>26</td>
<td>5.6%</td>
<td>38.5%</td>
</tr>
<tr>
<td>F1. Boundary Violations</td>
<td>4</td>
<td>0.7%</td>
<td>1</td>
<td>0.2%</td>
<td>300.0%</td>
</tr>
<tr>
<td>F2. Defer to Discipline Department</td>
<td>13</td>
<td>2.2%</td>
<td>4</td>
<td>0.9%</td>
<td>225.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>598</td>
<td>467</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B1 - Quality of Interaction / Communication: insensitive care, inappropriate behaviour, rudeness, poor patient/physician communication
B3 - Treatment and Care: assessment, tests, diagnosis, refused treatment, inappropriate examination, unnecessary tests
B4 - Practice Management / Access: poor standards, lack of follow up, delayed referral, record keeping
B5 - Quality of Care: Medical errors, discrimination, failed procedure, complication of investigation/treatment
B6 - Systemic: access to Human Resources, technology, continuity of Care, other staff
C1 - Competence/Knowledge: incorrect/missed diagnosis, medical mismanagement, altering/falsifying records
F1 - Boundary Violation: sexual, financial, other
F2 - Defer to Discipline
Disciplinary Actions

Process Overview

When the College receives information that a physician may have acted unprofessionally, it is required to investigate the allegation. For ease of reference, this section refers to such information as “complaints” although there may not be a complaint from a member of the public (such as when the College addresses a concern that a physician has failed to appropriately respond to communications from the College or the Prescription Review Program identifies apparently aberrant prescribing by a physician).

Occasionally the allegations and the information in support of the allegations are sufficiently clear that the complaint can result in a charge of unprofessional conduct without an investigation by a preliminary inquiry committee. Occasionally the nature of the allegation is such that it can be resolved by less formal action, such as by the physician agreeing to take an ethics course, or take a medical recordkeeping course, or agreeing to restrict their medical practice. The College has entered into a number of agreements with physicians which has allowed the College to address concerns about a physician’s conduct or performance without a need to take formal disciplinary action.

Most complaints can only be addressed by reviewing all of the available information, including the physician’s response, and presenting that information to the Executive Committee (a sub-committee of the Council) for the Executive Committee to decide whether the information provides reasonable grounds to believe that the physician may be guilty of unprofessional conduct. That is the requirement for the appointment of a preliminary inquiry committee set out in The Medical Profession Act, 1981.

There is often a considerable amount of information considered by the Executive Committee. Appointing a preliminary inquiry committee is a serious matter as it can affect a physician’s reputation. Dismissing a complaint without an investigation by a preliminary inquiry committee is also a serious matter as it means that the complaint will be dismissed without the formal investigation and report to the Council that occurs when a preliminary inquiry committee investigation is ordered.

Reporting on Specific Physicians

The College reports decisions of the Council imposing penalty for unprofessional conduct, or dealing with a physician’s right to practise medicine following a finding of lack of skill and knowledge, in the next College Newsletter after the actions are taken. Those actions are also published on the College website. Consequently this report does not contain information about disciplinary decisions related to specific physicians. It is an overview of the College’s disciplinary activities.

PRIVACY
College policy prohibits release of information about investigations that are underway, unless there is a specific reason to do so. Information about an investigation will generally only become available to the public if a charge is laid or if a competency hearing committee is appointed.
Statistics

Investigated Complaints Relating to Unprofessional Conduct Year-to-Year Comparison

The College received more than one complaint against some physicians.

In 2018, 56 complaints relating to potential unprofessional conduct were investigated against 47 physicians.

Nature of Complaint Cases Reaching Discipline

This graphic represents our best efforts to categorize the most significant element of complaints. As referenced earlier, the totals refer to the number of complaints in that category, not the number of physicians subject to such complaints.
Alternative Dispute Resolution

One of the significant developments during 2017 and 2018 was an increased emphasis on resolving disciplinary complaints through alternative dispute resolution (ADR), whenever that is appropriate. The Council concluded that resolution through alternative dispute resolution should generally be encouraged and that such resolution may be particularly appropriate for complaints which do not involve concerns about patient safety.

Most ADR is approved by the Executive Committee, although occasionally the Council will approve resolutions through ADR. The Executive Committee or the Council will determine whether ADR is appropriate, and, if so, what should be required to achieve a resolution.

When considering whether it is appropriate to resolve a complaint through ADR, the Executive Committee or the Council will consider the seriousness of the conduct alleged in the complaint and will also consider whether the proposed resolution will achieve an appropriate outcome and be in the public interest.

Among the complaints resolved through alternative dispute resolution were concerns that:

- two physicians had engaged in inappropriate sexual conduct. The complaints were resolved by accepting their undertakings in which they relinquished their licences and agreed to never again practise medicine anywhere in the world.
- a physician had engaged in a pattern of rude communication and behavior with former staff members. The complaint was resolved by the physician providing an undertaking to take courses in communication with patients and team members, to apologize, and to pay the costs of the College investigation.
- a physician had made inappropriate statements which unfairly criticized the care provided by other physicians. The complaint was resolved by arranging a facilitated discussion between those involved to discuss what had occurred.
- a physician had inappropriately prescribed drugs of possible abuse. The complaint was resolved by accepting an undertaking that the physician would not prescribe drugs of possible abuse and would make appropriate arrangements to transfer patients who might continue to receive such prescriptions to another physician.
- a physician had breached a patient’s confidentiality. The complaint was resolved by accepting the physician’s agreement to participate in a study program related to patient confidentiality and provide an apology to the patient.
- a physician had failed to provide reports about their patients on a timely basis. The complaint was resolved when the physician completed the reports, made administrative changes to his practice to avoid the situation recurring, and agreed to provide regular reports to the College related to the outstanding requests for reports.
- a physician had acted in an abusive manner toward other people. The complaint was resolved by the physician engaging with the Physician Health Program of the Saskatchewan Medical Association and meeting with the persons involved to apologize.
Trends

It is not possible to reliably determine trends based upon the relatively small number of discipline issues addressed by the College. However, there are several issues which appear to be more frequently the subject of investigations of possible unprofessional conduct in the past few years.

<table>
<thead>
<tr>
<th></th>
<th>1 Improper sexual behavior with a patient</th>
<th>There have been a significant number of complaints to the College alleging boundary breaches by physicians. Those complaints have alleged sexual relationships with patients, failing to accord patient privacy, inappropriate physical examinations and attempting to establish an inappropriate social relationship with a vulnerable patient. There is considerable literature which emphasizes the importance of maintaining appropriate professional boundaries with patients. That is particularly important in dealing with patients who are potentially vulnerable. The consequences for failing to do that can be very significant, up to losing the ability to practise medicine. The Council of the College has directed that the College provide additional educational opportunities for physicians, residents and medical students to address a concern that some physicians may not be fully aware of appropriate patient boundaries. The College has appointed a committee to provide recommendations to the Council on how the College should address concerns of improper sexual behaviour with patients. Legislation in some other provinces imposes penalties that are more severe than have been imposed in Saskatchewan. Recent legislation in Alberta imposes a penalty of permanent loss of licensure without any ability to apply for a licence for some improper sexual behaviour with a patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 Improper billing for professional services</td>
<td>This has involved both concerns that physicians have improperly billed Medical Services Branch for services and that physicians have charged patients an unreasonable fee for non-insured services. While Medical Services Branch has the ability to reassess a physician’s billings and recover payments inappropriately made, that may not be the only consequence for a physician who has failed to exercise reasonable diligence to ensure that billings are appropriate or who has provided services that are not reasonably justifiable. If the physician’s billings are sufficiently egregious, the conduct can be unprofessional.</td>
</tr>
<tr>
<td></td>
<td>3 Dishonesty</td>
<td>Several physicians have been charged with professional misconduct for alleged dishonesty. The charges have alleged that physicians provided false information to their employer, provided altered documents to the College, were untruthful when providing information to the College and were untruthful when interviewed by a preliminary inquiry committee.</td>
</tr>
<tr>
<td></td>
<td>4 Improper prescribing of prescription review program medications (opioids, benzodiazepines, etc.)</td>
<td>There is increased awareness and concern about the dangers associated with prescribing of medications of possible abuse. Physicians have been charged with unprofessional conduct in relation to their prescribing practices. Other physicians are currently under investigation for concerns about their prescribing practices. Physicians should be aware of the guidance documents related to prescribing, particularly the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain available at <a href="http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf">http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf</a>. Physicians should be aware of the importance of maintaining the patient-physician relationship and that opioids should be prescribed only when the benefits are expected to outweigh the risks for the individual patient. The College has directed that the College provide additional educational opportunities for physicians, residents and medical students to address a concern that some physicians may not be fully aware of appropriate patient boundaries. The College has appointed a committee to provide recommendations to the Council on how the College should address concerns of improper prescribing practices. Physicians should be aware of the importance of maintaining appropriate professional boundaries with patients. Legislation in some other provinces imposes penalties that are more severe than have been imposed in Saskatchewan. Recent legislation in Alberta imposes a penalty of permanent loss of licensure without any ability to apply for a licence for some improper prescribing practices with a patient.</td>
</tr>
<tr>
<td></td>
<td>5 Failing to respond to communications from the College.</td>
<td>Several physicians have been disciplined by the College during the past few years for failing to respond to communications from the College despite repeated reminders. That is something which physicians can easily avoid. The College is unable to effectively perform its regulatory role unless physicians respond to inquiries from the College. The College frequently contacts physicians for information related to complaints filed against them or another physician. The College also frequently contacts physicians for information about patients to whom prescription review drugs have been prescribed.</td>
</tr>
<tr>
<td></td>
<td>6 Failing to provide reports or copies of patient charts requested by patients.</td>
<td>College bylaws which define unprofessional conduct state that it is unprofessional conduct to fail to “provide within a reasonable time any report or certificate requested by a patient or a patient’s authorized agent in respect of an examination or treatment provided by a physician.” The policy adopted by the Council <a href="http://20cps.sk.ca">Physician Certification of Work Absence or Accommodation Due to Illness or Injury and completion of Third Party Forms</a> states that the College expects that the time to provide such reports should normally not exceed 30 days. That policy is available at on the College website.</td>
</tr>
<tr>
<td></td>
<td>7 Failing to make appropriate arrangements for patient care when winding up a practice.</td>
<td>The College has two guidance documents that address this issue. They are <a href="http://20cps.sk.ca">Guideline: Patient-physician Relationships and Policy: Physicians/Surgeons Leaving Practice</a>. Both documents address the College’s expectations when a physician leaves practice and are available on the College’s website. The College also has a standard package of information that it can provide to a physician considering leaving a practice. It is in a physician’s best interest, and that of their patients, to take appropriate steps when leaving a medical practice.</td>
</tr>
<tr>
<td></td>
<td>8 Maintaining improper patient records or altering patient records after becoming aware of a patient complaint or a concern about the treatment provided to the patient.</td>
<td>The disciplinary actions taken against physicians who have not maintained appropriate and accurate records emphasize the importance of appropriate medical records in providing patient care.</td>
</tr>
</tbody>
</table>
Court Actions

Court Actions by Physicians Challenging College Decisions

1. Dr. Carlos Huerto
   Council revoked Dr. Huerto’s licence to practise medicine in 2003. In 2006, 2011 and 2015 he applied to have his licence restored. At the March 2015 Council meeting, the Council decided not to restore his licence. He challenged that decision in the Court of Queen’s Bench in a judicial review application. The court rejected his application. The Court of Queen’s Bench decision is currently before the Court of Appeal.

Court Actions Against the College

There are three court actions brought against the College many years ago which remain outstanding despite the fact that the plaintiffs have taken no action for many years. In addition to those three older actions, there were two other actions which involved the College.

1. Dr. Darius Tsatsi
   Dr. Darius Tsatsi sued the College, the Health Region where he had worked and the then Minister of Health alleging that he was defamed by comments made about him. The action was dismissed by the Court of Queen’s Bench. The Court of Appeal dismissed his appeal and the Supreme Court of Canada refused to hear his appeal. The action is dismissed.

2. Alicia Yashcheshe
   Ms. Yashcheshe sued the College and a physician. The action against the College alleged that the College was liable for the actions of the physician and that the College failed to appropriately investigate her complaint against the physician. The action was dismissed by the Court of Queen’s Bench.
Prescription Review Program (PRP)

The Prescription Review Program (PRP) is an educationally-based program operated by the CPSS on behalf of the Ministry of Health. It monitors for appropriate prescribing of drugs with potential for misuse, abuse and diversion. The Panel of Monitored Medications is listed in CPSS Regulatory Bylaw 18.1.

Prescription Monitoring

The PRP staff inquires about possible inappropriate prescribing, most commonly by letter. Depending on the situation, PRP staff may contact the physician directly by phone. Physicians may be required to provide explanations for their prescribing rationale. After reviewing a physician’s reply, the PRP staff may provide recommendations regarding best practices to improve patient outcomes. The PRP also provides supportive and/or educational information applicable to the physician’s prescribing practices. In 2018, an educational letter on appropriate Ritalin prescribing was sent to all physicians in Saskatchewan.

<table>
<thead>
<tr>
<th>Letter Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Letters - sent when the patient is identified as potentially misusing his/her medication(s)</td>
<td>146</td>
</tr>
<tr>
<td>Explain/Alert (1st Contact) - letters sent to physicians to obtain their rationale for prescribing</td>
<td>298</td>
</tr>
<tr>
<td>2nd Request - sent if an Explain/Alert required response is not received by the College within 14 days</td>
<td>11</td>
</tr>
<tr>
<td>Response/Recommendations - response to a physician’s Explain letter response. These often contain recommendations and recommended resources.</td>
<td>73</td>
</tr>
<tr>
<td>Law Enforcement Requests - when a patient’s medication profile is provided to law enforcement for an active investigation</td>
<td>55</td>
</tr>
</tbody>
</table>

Educational Outreach & Collaboration

The PRP team continues to collaborate with organizations across the province to support various efforts related to the opioid crisis. Pharmacists provide education by presenting to groups, participating in taskforces and providing expertise to working groups.
Opioid Agonist Therapy Program

The CPSS has received funding from the Community Care Branch of the Ministry of Health since 2001 to administer the Opioid Agonist Therapy Program (OATP). The Prescription Review Program (PRP) staff support the activities of the OATP, and the OATP Medical Manager provides clinical expertise to the program.

OATP activities can be categorized into four key areas:

1. education and guidance
2. monitoring
3. standard and guideline implementation
4. external relations

In 2018, Health Canada removed the Federal exemption process required for physicians to seek approval to prescribe methadone for pain or opioid use disorder. As a result, the CPSS updated the Regulatory Bylaw 19.1 to reflect these changes. Two major changes to the bylaw include the addition of buprenorphine/naloxone, and the elimination of approval required to prescribe for the indication of pain. In addition to the Health Canada change, the OATP Standards and Guidelines were updated in December 2018 to include the newly approved Hospital-Based Temporary Prescribers (HBTP) & Corrections-Based Temporary Prescribers (CBTP).

OAT Education

Small Group Educational Sessions

Small group, interdisciplinary education sessions have been provided in various Saskatchewan locations since June 2018. This work is ongoing and supported with funding from the First Nations and Inuit Health Branch (FNIHB).

Saskatchewan OAT Prescribers

As of December 31, 2018, 81 physicians were approved to prescribe methadone and/or buprenorphine/naloxone for opioid use disorder. Providers can either initiate or maintain either or both drugs.

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Methadone</th>
<th>Buprenorphine/Naloxone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiating</td>
<td>61</td>
<td>59</td>
</tr>
<tr>
<td>Maintaining</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>
Saskatchewan Residents Receiving OAT

Below is a table outlining the number of Saskatchewan residents receiving methadone for 2018.

*Note: Total # Methadone Patient includes Addiction and Non-Insured Health Benefits (NIHB) only*

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Average/ month</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIHB - addiction²</td>
<td>1515</td>
<td>1478</td>
<td>1459</td>
<td>1475</td>
<td>1514</td>
<td>1469</td>
<td>1475</td>
<td>1469</td>
<td>1484</td>
<td>1494</td>
<td>1490</td>
<td>1479</td>
<td>1483</td>
</tr>
<tr>
<td>Pain³</td>
<td>66</td>
<td>60</td>
<td>58</td>
<td>59</td>
<td>51</td>
<td>53</td>
<td>54</td>
<td>55</td>
<td>59</td>
<td>60</td>
<td>50</td>
<td>42</td>
<td>56</td>
</tr>
<tr>
<td>Metadol⁴</td>
<td>326</td>
<td>307</td>
<td>309</td>
<td>323</td>
<td>328</td>
<td>328</td>
<td>320</td>
<td>328</td>
<td>319</td>
<td>330</td>
<td>348</td>
<td>326</td>
<td>324</td>
</tr>
<tr>
<td>Methadose⁵</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>10</td>
<td>9</td>
<td>13</td>
<td>13</td>
<td>11</td>
<td>10</td>
<td>8</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total # patients receiving methadone for addiction per month</strong></td>
<td>3943</td>
<td>3796</td>
<td>3789</td>
<td>3836</td>
<td>3852</td>
<td>3802</td>
<td>3788</td>
<td>3778</td>
<td>3755</td>
<td>3782</td>
<td>3761</td>
<td>3707</td>
<td>3799</td>
</tr>
</tbody>
</table>

1. Patients captured in this category are NIHB beneficiaries and are receiving methadone for addiction
2. Patients captured in this category are Saskatchewan Health beneficiaries and are receiving methadone for addiction
3. Patients captured in this category are Saskatchewan Health beneficiaries and are receiving methadone for pain
4. The CPSS OAT Standards and Guidelines indicate that Metadol tablets are not to be used for addiction. However, there may be the rare circumstance in which Metadol tablets may be used for addiction. The majority of the individuals in this category should be representative of those receiving methadone for pain. Metadol is also available as an oral suspension.
5. In 2017 there was a methadone powder shortage and consequently some addiction patients may have received Methadose for addiction. Methadose is not listed on the Saskatchewan Drug Formulary, so it is rarely used for this indication, and rarely used in general.
As part of its mandate, the ACMI has:

- developed Standards of Practice for Medical Imaging in the areas of General Ultrasound, Computed Tomography (CT), Bone Densitometry, Interventional Radiology, and Nuclear Medicine.

- adopted the national standards for use in its Quality Assurance Program:
  - Guidelines for the Provision of Echocardiography in Canada
  - Canadian Association of Radiologists (CAR) and Society of Obstetricians and Gynaecologists of Canada Clinical Practice Guidelines for Ultrasound
  - CAR Guidelines for Magnetic Resonance Imaging
  - CAR Practice Guidelines and Technical Standards for Breast Imaging and Intervention

Assessing Compliance

In order to assess compliance with standards, ACMI has established a process by which to review imaging physicians selected on a random basis. For more information, see https://bit.ly/2Y0N8wz

25 physician audits and 2 facility audits were completed in 2018.
Laboratory Quality Assurance

The CPSS is contracted by the Ministry of Health (MOH) to operate the Laboratory Quality Assurance Program (LQAP). As designated in the Medical Laboratory Licensing Act and Regulations, the LQAP is responsible for the requirements and standards of Medical Laboratories in the Province.

Laboratory Accreditation

The purpose of accreditation and the Accreditation Guide can be found on the College website at https://bit.ly/2KuPH6S.

41 medical laboratory assessments were completed in 2018.

External Quality Assessment (EQA)

Used to evaluate laboratory testing accuracy, EQA is shipped from the provider directly to the laboratory on a rotational basis. Testing is performed in the same manner as a patient specimen. Results are evaluated by the proficiency testing consultant and it is determined whether follow up is required. EQA providers, LQAP guidelines for sending a deficiency and a blank deficiency form can be found on the College website at https://bit.ly/2KuPH6S.

IN THE PROVINCE OF SASKATCHEWAN, THE LQAP MONITORS EQA FOR:

- 202 Medical Laboratories
- 179 Physician Office Laboratories
- 2 STARS Helicopters

In Saskatchewan there are 2148 EQA subscriptions that total 5375 test events. From this, 792 deficiencies required follow-up.

“My laboratory was assessed for the first time on-site and I found this to be a fantastic learning experience.”

“The team was very thorough, professional and very helpful pointing out areas for continuous improvement.”

- Survey comments from actual clients following Laboratory Assessments
Non-Hospital Treatment Facilities

Approvals

There are currently 10 facilities functioning as Non-Hospital Treatment Facilities.

- Saskatoon – 6
- Regina – 3
- Lloydminster – 1

One new Saskatoon clinic has the potential of receiving approval in 2019.

Approved procedures in these facilities cover a diverse range of procedures within the public and private health care systems.

Inspections

Our inspection team for facilities is coordinated by a nurse coordinator (Team Leader), with two physicians involved.

Activities for 2018

The National Non-Hospital Treatment Facility meeting was held in Vancouver in September 2018, with British Columbia, Alberta, Saskatchewan, Manitoba and Ontario in attendance. British Columbia presented their robust review of their Non-Hospital Medical and Surgical Facilities Accreditation Program. A general discussion ensued regarding differences and similarities of Non-Hospital Programs between provinces, particularly focusing on common areas requiring attention.

Saskatchewan remains closely linked to the Alberta Non-Hospital Surgical Facility Program, continuing to use their Standards and Guidelines.

Alberta is currently in the process of redeveloping their Non-Hospital Surgical Facility Standards and has asked other provinces if they would like to be involved in the process. We have agreed to participate and are awaiting direction.

The 2019 National Non-Hospital Treatment Facility meeting will be held in Toronto, Ontario.
Our Collaborators

The Council and College staff collaborate with the following organizations on a wide array of committees, strategies and initiatives.

International
- International Association of Medical Regulatory Authorities (IAMRA)
- Federation of State Medical Boards (FSMB)
- Administrators in Medicine (AIM)
- International Society for Quality in Healthcare (ISQua)

National
- Federation of Medical Regulatory Authorities of Canada (FMRAC)
- Medical Council of Canada (MCC)
- Association of Faculties of Medicine of Canada (AFMC)
- Canadian Medical Forum (CMF)
- National Board of Medical Examiners (NBME)
- National Assessment Collaboration - Practice Ready Assessment (NAC-PRA) (MCC/FMRAC project)
- Physician Achievement Review (PAR)
- Application for Medical Registration Advisory Committee (AMR)
- Canadian Bar Association (CBA)
- Western Canada Diagnostic Accreditation Alliance (WCDA)
- Canadian Community Epidemiology Network on Drug Use (CCENDU) (Provincial Coordination)
- National Faculty for the Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-cancer Pain (National Pain Centre, McMaster University)
- National Advisory Council for Canadian Drug Strategy (First Do No Harm) at the Canadian Centre on Substance Abuse and Addiction
- Western Registrars (WR)
- Inter-Provincial Labour Mobility Initiative (ILMI)
- Foreign Credential Recognition Program (FCRP)

Provincial
- Network of Inter Regulatory Organisations (NIRO)
- Senior Medical Officers Committee (SMOC)
- Physician Resource Planning Committee (Ministry of Health)
- 3S Health Initiative
- Saskatchewan International Physician Practice Assessment (SIPPA) Working Group
- SIPPA Advisory Committee
- U of S Investigation Committee
- College of Medicine
- Health Canada Prescription Drug Initiative in partnership with First Nations and Inuit Health Branch (FNIHB)
- Practice Enhancement Program Committee (PEP)
- Joint Medical Professional Review Committee (JMPRC)
- Emergency Department Waits and Patient Flow Initiative - Provincial Stakeholders Advisory Group (ED-PSAG)
- Rural Physician Stabilization Oversight Committee
- Saskatchewan Medical Association - Representative Assembly (SMA-RA)
- Réseau de santé en français de la Saskatchewan (RSFS) - Project INTAC
- College of Family Physicians of Canada - Saskatchewan chapter

Local
- Saskatoon Regional Medical Association (SRMA)
- First Nations and Métis Health Services
- Eagle Moon Health Office

Outreach & Educational Presentations

College Staff have also been involved in a number of presentations to educate medical professionals and the public, including to Undergraduate Students (Medical Students and Clerks), Postgraduate Students, International Medical Graduates (IMG), and External Partners and Collaborators.
Committees

Council Committees

Advisory Committee on Medical Imaging (ACMI)

Dr. Don McIntosh (Chair)
Dr. Ian Waddell (Co-chair)
Dr. Corrine Jabs
Dr. Holly Wells
Dr. Chong Lim
Dr. Greg Kraushaar
Dr. Dakshina Murthy
Dr. Werner Oberholzer
Ms. Maureen Kral
Ms. Bev Kellington
Mr. Brent Preston
Ms. Elaine Geni
Mr. Luke Jackiw
Dr. David Guerrero
Dr. Abdulaziz Almgrahi (ad hoc)

Committee on Family Practitioner Interpretation of Electrocardiograms

Dr. Roy Chernoff (Chair)
Dr. Jawed Akhtar
Dr. Paula Schwann

DocTalk Publication Advisory Committee

Dr. Brian Brownbridge
Dr. Micheal Howard-Tripp (until Sept)/
Dr. Werner Oberholzer (Oct-Dec)
Ms. Caro Gareau
Ms. Joanna Alexander
Ms. Alyssa Van Der Woude

Finance Committee

Dr. Mark Sheridan (Chair)
Dr. Pierre Hanekom
Dr. Edward Nykforuk
Dr. Suresh Kassett
Dr. Grant Stoneham
Mr. Ken Smith

Health Facilities Credentialing Committee

Dr. Jeff Blushke (Chair)
Dr. Gary Morris
Dr. Syed Asif Ali
Dr. James Carter
Dr. Alan Beggs

Nominating Committee

Dr. Mark Chapelski (Chair)
Dr. Pierre Hanekom
Dr. N. Prasad Bhathala Venkata

Legislative Review Committee

Dr. Mark Chapelski (Chair)
Dr. Edward Tsoi
Dr. Alan Beggs
Mr. Marcel de la Gorgendiére

Quality of Care Advisory Committee

Dr. Johann Kriegler (Chair)
Dr. Valerie Olsen/Dr. Joshka Nel
Ms. Sandi Loughheed
Mr. Don Ebert
Ms. Jill Beatty
Dr. Jonathan Hey

Registration Committee

Dr. Grant Stoneham (Chair)
Dr. N. Prasad Bhathala Venkata
Dr. Mark Chapelski
Dr. Anurag Saxena
Dr. Edward Tsoi
Mr. Graham Mitchell

Truth and Reconciliation Committee

Mr. Burton O’Soup (Chair) (Nov)
Dr. Preston Smith
Dr. Karen Shaw (Nov)
Mr. Ken Smith
Ms. Caro Gareau (Nov)
Ms. Heather Hodgson (until August)
Mr. Marcel de la Gorgendiére (until May)

Other Committees

Program Management and Quality Assurance Committee Members

Dr. Mary Kinloch
Dr. Jill Wooff
Dr. Bruce Murray
Ms. Rhonda Hartz
Ms. Shelley Frombach
Dr. Jeff Eichhorst
Dr. Josh Buse
Dr. Fang Wu
Mr. Lawrence Martens
Ms. Tammy Mason
Dr. Rommell Seno
Ms. Cathy Christopherson
Ms. Leeann Clarke
Ms. Cheryl Bear
Dr. Ian Etches

Ms. Judy Hoff
Ms. Glenda Young
Ms. Kim Thomson
Ms. Dena Arnott
Ms. Edith Hein
Dr. Camille Hamula
Dr. Jessica Minion
Dr. Kathy Malejczyk
Ms. Shirley Leung
Ms. Lorna Dawson
Ms. Brandi Keller
Ms. Paula Dupont
Ms. Kim Deydey
Mr. Patrick O’Byrne
Dr. David Guerrero

The following individuals make up the five discipline-specific Quality Assurance and Program Management Committees. Roles of the committees can be found at https://bit.ly/2KuPH6S
REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL STATEMENTS

To the Council of the College of Physicians and Surgeons of Saskatchewan,

Opinion
The summary consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan (the College), which comprise:
- the summary consolidated statement of financial position as at December 31, 2018
- the summary consolidated statement of revenue and expenses for the year then ended
- the summary consolidated statement of surplus for the year then ended
- the summary consolidated statement of cash flows for the year then ended
- and related notes
are derived from the audited consolidated financial statements of the College of Physicians and Surgeons of Saskatchewan as at and for the year ended December 31, 2018 (the “audited financial statements”).

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with the criteria discussed in note 1 in the summary financial statements.

Summary Financial Statements
The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditors’ report thereon, therefore, is not a substitute for reading the College’s audited financial statements and the auditors’ report thereon.

The summary consolidated financial statements and the audited consolidated financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited consolidated financial statements.

The Audited Financial Statements and Our Report Thereon
We expressed an unmodified opinion on the audited consolidated financial statements in our report dated June 21, 2019.

Management’s Responsibility for the Summary Financial Statements
Management is responsible for the preparation of the summary consolidated financial statements in accordance with the criteria discussed in note 1 in the summary consolidated financial statements.

Auditors’ Responsibilities
Our responsibility is to express an opinion on whether the summary consolidated financial statements are consistent in all material respects, with the audited consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards 810 Engagements to Report on Summary Financial Statements.

Chartered Professional Accountants

Saskatoon, Canada
June 21, 2019
## Summary Consolidated Statement of Financial Position

*December 31, 2018, with comparative information for 2017*

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$2,701,353</td>
<td>$8,035,696</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>7,192,957</td>
<td>1,143,099</td>
</tr>
<tr>
<td>Marketable securities</td>
<td>1,351,184</td>
<td>1,435,800</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>481,543</td>
<td>45,030</td>
</tr>
<tr>
<td>Prepaid expenses and deposits</td>
<td>128,825</td>
<td>49,533</td>
</tr>
<tr>
<td>Advances to First Nations and Inuit Health Branch Program</td>
<td>127,284</td>
<td>82,048</td>
</tr>
<tr>
<td></td>
<td><strong>11,983,146</strong></td>
<td><strong>10,791,206</strong></td>
</tr>
<tr>
<td>Property and equipment</td>
<td><strong>4,876,037</strong></td>
<td><strong>5,056,554</strong></td>
</tr>
<tr>
<td></td>
<td><strong>$16,859,183</strong></td>
<td><strong>$15,847,760</strong></td>
</tr>
<tr>
<td><strong>LIABILITIES AND SURPLUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$535,220</td>
<td>$474,317</td>
</tr>
<tr>
<td>Deferred revenue - membership fees</td>
<td>4,809,255</td>
<td>4,660,065</td>
</tr>
<tr>
<td>Deferred revenue- Opioid Agonist Therapy Program</td>
<td>95,012</td>
<td>69,656</td>
</tr>
<tr>
<td>Due to Saskatchewan Prescription Review Program</td>
<td>45,540</td>
<td>58,756</td>
</tr>
<tr>
<td></td>
<td><strong>5,485,027</strong></td>
<td><strong>5,262,794</strong></td>
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<tr>
<td>Employee future benefits</td>
<td></td>
<td>975,720</td>
</tr>
<tr>
<td>Surplus</td>
<td>10,398,436</td>
<td>9,625,046</td>
</tr>
<tr>
<td></td>
<td><strong>$16,859,183</strong></td>
<td><strong>$15,847,760</strong></td>
</tr>
</tbody>
</table>
# Summary Consolidated Statement of Revenue and Expenses

**Year ended December 31, 2018, with comparative information for 2017**

<table>
<thead>
<tr>
<th></th>
<th>Budget (unaudited)</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual fees</td>
<td>$5,076,725</td>
<td>$5,105,045</td>
<td>$4,961,087</td>
</tr>
<tr>
<td>Laboratory Quality Assurance</td>
<td>436,041</td>
<td>527,673</td>
<td>502,777</td>
</tr>
<tr>
<td>Professional incorporation fees</td>
<td>354,750</td>
<td>323,600</td>
<td>318,080</td>
</tr>
<tr>
<td>Credentials assessment</td>
<td>260,000</td>
<td>186,175</td>
<td>184,975</td>
</tr>
<tr>
<td>Imaging Quality Assurance</td>
<td>169,555</td>
<td>177,055</td>
<td>171,734</td>
</tr>
<tr>
<td>Investment income</td>
<td>60,000</td>
<td>141,955</td>
<td>99,562</td>
</tr>
<tr>
<td>Summative assessment</td>
<td>130,000</td>
<td>103,740</td>
<td>129,252</td>
</tr>
<tr>
<td>Registration fees</td>
<td>130,500</td>
<td>119,480</td>
<td>114,450</td>
</tr>
<tr>
<td>Temporary licences</td>
<td>110,000</td>
<td>108,806</td>
<td>99,920</td>
</tr>
<tr>
<td>Non-hospital surgical facility fees</td>
<td>90,000</td>
<td>98,663</td>
<td>102,246</td>
</tr>
<tr>
<td>Notary fees and certificates</td>
<td>85,000</td>
<td>95,730</td>
<td>82,810</td>
</tr>
<tr>
<td>Student registration</td>
<td>61,000</td>
<td>85,805</td>
<td>75,325</td>
</tr>
<tr>
<td>Discipline committee assessed costs recovery</td>
<td>-</td>
<td>79,405</td>
<td>70,955</td>
</tr>
<tr>
<td>Saskatchewan International Physician Practice Assessment funding from the Ministry of Health</td>
<td>75,000</td>
<td>75,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Opioid Agonist Therapy Program</td>
<td>-</td>
<td>54,530</td>
<td>95,095</td>
</tr>
<tr>
<td>Mailing list</td>
<td>25,000</td>
<td>25,740</td>
<td>26,510</td>
</tr>
<tr>
<td>Sundry</td>
<td>2,000</td>
<td>741</td>
<td>860</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$7,065,571</td>
<td>$7,309,143</td>
<td>$7,110,638</td>
</tr>
<tr>
<td><strong>EXPENSES:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>$5,325,868</td>
<td>$4,676,136</td>
<td>$4,437,599</td>
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<tr>
<td>Laboratory Quality Assurance</td>
<td>436,041</td>
<td>472,799</td>
<td>465,257</td>
</tr>
<tr>
<td>Office</td>
<td>377,344</td>
<td>363,314</td>
<td>275,106</td>
</tr>
<tr>
<td>Council and meetings</td>
<td>351,000</td>
<td>293,786</td>
<td>239,934</td>
</tr>
<tr>
<td>Committee</td>
<td>263,100</td>
<td>255,303</td>
<td>243,941</td>
</tr>
<tr>
<td>Imaging Quality Assurance</td>
<td>169,555</td>
<td>153,281</td>
<td>168,093</td>
</tr>
<tr>
<td>Practice Enhancement Program</td>
<td>75,000</td>
<td>75,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Opioid Agonist Therapy Program</td>
<td>-</td>
<td>54,530</td>
<td>95,095</td>
</tr>
<tr>
<td>Non-hospital surgical facility</td>
<td>29,300</td>
<td>38,179</td>
<td>46,403</td>
</tr>
<tr>
<td>Prescription Review Program</td>
<td>12,000</td>
<td>12,000</td>
<td>12,000</td>
</tr>
<tr>
<td>Grants to external agencies</td>
<td>4,000</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td>Communications and education</td>
<td>2,500</td>
<td>863</td>
<td>1,217</td>
</tr>
<tr>
<td>Liaison with joint committees</td>
<td>15,000</td>
<td>138</td>
<td>17,133</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$7,060,708</td>
<td>$6,398,329</td>
<td>$6,079,778</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses before the undernoted</strong></td>
<td>4,863</td>
<td>910,814</td>
<td>1,030,860</td>
</tr>
<tr>
<td><strong>Fair value adjustment on investments</strong></td>
<td>-</td>
<td>(137,424)</td>
<td>80,802</td>
</tr>
<tr>
<td><strong>Excess of revenue over expenses</strong></td>
<td>$4,863</td>
<td>$773,390</td>
<td>$1,111,662</td>
</tr>
</tbody>
</table>
Summary Consolidated Statement of Surplus
Year ended December 31, 2018, with comparative information for 2017

<table>
<thead>
<tr>
<th>Invested in property and equipment</th>
<th>Unrestricted</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of year</td>
<td>$ 5,056,554</td>
<td>$ 4,568,492</td>
<td>$ 9,625,046</td>
</tr>
<tr>
<td>Excess (deficiency) of revenue over expenses</td>
<td>(264,375)</td>
<td>1,037,765</td>
<td>773,390</td>
</tr>
<tr>
<td>Purchase of property and equipment</td>
<td>83,858</td>
<td>(83,858)</td>
<td>-</td>
</tr>
<tr>
<td>Balance, end of year</td>
<td>$ 4,876,037</td>
<td>$ 5,522,399</td>
<td>$ 10,398,436</td>
</tr>
</tbody>
</table>

Summary Consolidated Statement of Cash Flows
Year ended December 31, 2018, with comparative information for 2017

Cash flows from (used in):

Operations:
Excess of revenue over expenses $ 773,390 $ 1,111,662

Items not involving cash:
Amortization 264,375 370,563
Market value adjustments on investments 137,424 (80,802)
Employee future benefits 15,800 1,320
Reinvested investment income on marketable securities (52,808) (43,561)

Change in non-cash operating working capital:
Accounts receivable (436,513) 307,437
Prepaid expenses and deposits (79,292) (1,713)
Accounts payable and accrued liabilities 60,903 (292,209)
Deferred revenue - membership fees 149,190 133,483
Deferred revenue - Opioid Agonist Therapy Program 25,356 (17,337)

857,825 1,488,843

Financing:
Advances to First Nations and Inuit Health Branch (45,236) (110,646)
Due to Saskatchewan Prescription Review Program (13,216) 5,177

(58,452) (105,469)

Investing:
Purchase of property and equipment (83,858) (35,632)
Increase in short-term investments (6,049,858) (45,392)

(6,133,716) (81,024)

Increase (decrease) in cash and cash equivalents (5,334,343) 1,302,350
Cash and cash equivalents, beginning of year $ 8,035,696 $ 6,733,346

Cash and cash equivalents, end of year $ 2,701,353 $ 8,035,696
Notes to Summary Consolidated Financial Statements

Year ended December 31, 2018

1. Summary Consolidated Financial Statements

The summary consolidated financial statements are derived from the completed audited consolidated financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, as at December 31, 2018 and for the year ended December 31, 2018.

The preparation of these summary consolidated financial statements requires management to determine the information that needs to be reflected in the summary consolidated financial statements so that they are consistent, in all material respects, with or represent a fair summary of the audited consolidated financial statements.

These summary consolidated financial statements have been prepared by management using the following criteria:

a) whether information in the summary consolidated financial statements is in agreement with the related information in the completed consolidated audited financial statements; and

b) whether, in all material respects, the summary consolidated financial statements contain the information necessary to avoid distorting or obscuring matters disclosed in the related completed audited consolidated financial statements, including the notes thereto.

The completed audited consolidated financial statements may be obtained by calling (306) 244-7355 or by emailing beckie.wills@cps.sk.ca. It is also available on the College of Physicians and Surgeons of Saskatchewan website at www.cps.sk.ca.