



# College Newsletter

*A publication of the College of Physicians and Surgeons of Saskatchewan*

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## Message from the President

*Greetings! Summer is more or less over, so please enjoy autumn and winter (hopefully, a short one).*

I would like to start off by welcoming Ms. Irene Fraser as a new public member of the governing Council of the College of Physicians and Surgeons of Saskatchewan. She will be attending our next, and her first, scheduled Council meeting on November 14<sup>th</sup> & 15<sup>th</sup>, 2003 and we are looking forward to meeting her then.

Ms. Fraser is replacing Mrs. Georgiana Chartier who has just completed her second three-year term on Council, which is the maximum amount of time that public members can serve. Georgiana will be

greatly missed. She contributed tremendously to the governing Council whilst she was in office, and we wish her the very best for the future.

You might be interested in hearing about some updates and/or issues that the College is currently involved with:

### 1) Licensure of International Medical Graduates.

As you may already know, at the Council meeting held on June 20<sup>th</sup>, 2003 a whole afternoon was devoted solely to this important issue, subsequent to which, the Executive Committee of the Council came up with recommendations following some lengthy deliberations. These recommendations were, by and large, accepted by the Council as a whole, and the Associate Registrar, Mr. Bryan Salte is in the process of drawing up proposed new bylaws pertaining to this matter.

We will be consulting with the Saskatchewan Medical Association for



*Dr. David Ahmed, President*

their input before any final decisions are made.

### 2) Physician Profiling.

Whether you like it or not, this is going to be a reality soon. This means that patients, or potential patients, can check up on your credentials by way of the internet.

Physician profiling is already well established in the US and other countries and is in its embryonic stage in Canada. I have attended seminars pertaining to this issue, at which time I had noted that there have been conflicting opinions as to exactly what should

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be included in each particular physician's profile (ranging from recent parking tickets, income tax evasion, and other seemingly ridiculous non-medical issues, etc. to previous or current charges of unprofessional conduct or similar misdemeanours). In any case, we will keep you informed of any new developments. Please contact the College if you have any queries or opinions in this regard.

- 3) Saskatchewan Medical Association/College of Physicians and Surgeons Executive Meetings.

The Executives of our two associations have joint meetings from time to

time, our most recent one being on September 19<sup>th</sup>, 2003. The theme of this meeting was to find means to foster even better relationships, understanding, and communications between the two organizations. I know all parties concerned found the meeting very fruitful, and it is our wish that we continue to be able to hold such meetings in the future.

A special thanks to renowned physician, Dr. Peter Barrett, Past President of the Canadian Medical Association, for taking time off from his busy schedule to chair the above joint Executive Committee meeting.

Congratulations to Dr. Joel Yelland, the newly elected President of the Saskatchewan Medical Association. I have had the privilege and pleasure of knowing Joel for many years, and wish him the best of luck in his new position.

On a more serious note, please don't neglect to have a chaperone present when conducting intimate examinations on patients. This is especially applicable to new patients who may misinterpret your comments and/or actions, and subsequently report you to the College, the repercussions of which are extremely painful to all parties concerned.



## Upcoming Opportunity to Serve on the Council of the College

*D.A. Kendel MD, Registrar*

In October of this year, members of the College in six of the nine Electoral Districts will have an opportunity to nominate and elect colleagues for future service on the Council of the College.

When more than one candidate is nominated in an Electoral District, a secret ballot vote is conducted to determine who will serve as the member of Council from that Electoral District for the next three years. In

anticipation of this electoral process, it may be worthwhile to disseminate some information about the Council.

The Council is the governing body of the College. Some of the work it undertakes is explicitly prescribed in *The Medical Profession Act, 1981* and the *Bylaws* under that Act. Other aspects of the Council's work are determined by policies that the Council adopts.

Council membership includes eleven elected physicians, the Dean of Medicine, and five public members. The Council meets five times a year for one and a half days on each occasion.

The portion of each Council meeting dealing with policy development and certain regulatory functions is open to public observation. The portion of the Council meeting dealing with investigations underway and

other confidential matters is conducted in-camera.

Expenses incurred in the course of attending Council meetings are reimbursed, and Councillors receive a modest honorarium. Because the honorarium does not totally offset lost professional earning capacity, service on the Council does involve some personal sacrifice.

In an era in which most physicians feel over-worked, and there are many agencies clamouring for your time and expertise, one might ask why anyone of sane mind would consider running for election to the College Council.

Most physicians were drawn to careers in medicine because of an interest in and a commitment to the health and well-being of the public whom physicians serve. In many respects, service on the Council affords an opportunity to serve the public in a more systemic way.

By setting standards for medical licensure, dealing effectively and fairly with public concerns and complaints about colleagues, and participating in a wide range of systemic quality assurance activities, members of the Council help to make medical services in Saskatchewan optimally safe, and of high quality.

Service on the Council affords physicians access to a great deal of information about the health system in this province, and affords an opportunity to positively influence the future of that system.

Service on the Council also affords physicians an opportunity to build positive working relationships with eleven other colleagues from across the province and five talented public members from diverse backgrounds.

Above all, physician service on the Council helps to sustain our privilege of professionally led regulation. If the profession abdicates its

role in the regulation of medical practice, that role will be filled by others.

While service on the Council involves hard work, most physicians who have had the experience identify it as one of the most positive learning experiences in their career.

We sincerely hope that a number of physicians will consider running for election to the Council in those Electoral Districts where elections will be held.

If you would like more information before making a decision to stand for election, please feel welcome to call the College office, or speak with Dr. David Ahmed, the current President of Council, or any current or past member of the Council.

*Detailed information regarding running for Council is also available on our website at: [www.quadrant.net/cpss](http://www.quadrant.net/cpss) under 'Who We Are' and 'Council'.*



## The Health Information Protection Act

*Bryan Salte, Associate Registrar*

*The Health Information Protection Act (HIPA)* became law on September 1<sup>st</sup>, 2003. The government of Saskatchewan has announced that it will allow a "grace period" in which it will not take action against those

who inadvertently breach the legislation to allow those affected an opportunity to comply with the legislation. However, physicians should begin planning to ensure that the way they handle health information complies

with the legislation. An individual who breaches the legislation can be fined up to \$50,000, or can receive a jail sentence.

The legislation deals with all institutions and

individuals who can access medical information, including physicians, other health professionals, government, regional health authorities, and professional regulatory bodies such as the College.

The purpose of the legislation is to allow health information to be transmitted where it is appropriate to do so, and to ensure the privacy of health information unless the legislation authorizes that information be transmitted to others.

Some of the more important principles described in the legislation are:

1. Personal health information is private and shall be dealt with in a manner that respects the continuing interests of the individuals to whom it relates;
2. Persons who have personal health information have a responsibility to protect that information;
3. Individuals are able to access the records of their own personal health information;
4. Persons who have personal health information shall be open about their policies with respect to the collection, use, and disclosure of personal health information.

The SMA and College

have agreed to work together to provide information to physicians to assist them to comply with the legislation.

Certain aspects of the legislation will be fleshed out through additional regulations. What follows is a summary of some of the more important parts of the legislation for the day-to-day operations of Saskatchewan physicians. I have tried to simplify and generalize from the legislation. This is not a comprehensive review of all of the implications of HIPA for Saskatchewan physicians. I suggest physicians should review the Act and, when the regulations become available, the regulations to deal with specific situations. Physicians may also wish to consult CMPA, the College, or the Department of Health if faced with a particular, or difficult, problem.

Some of the important provisions of HIPA for physicians include:

1. Physicians should not disclose patient information to others unless with patient consent or unless authorized by the legislation. Some of the circumstances in which patient information can be disclosed by physicians without patient consent include:
  - (a) To other health care professionals to assist in providing care to the patient;

- (b) To a person who is authorized to make health care decisions on behalf of the patient;
- (c) To next of kin or other persons who have a close personal relationship with the patient unless the patient has expressed a contrary intention. The information must relate to current medical care and, in doing so, the physician must comply with the ethical standards of the medical profession;
- (d) To a quality of care committee;
- (e) To the College;
- (f) To prevent fraud or misuse of the health system;
- (g) To avoid or minimize a danger to the health or safety of any person.

2. If a physician receives a request from a patient for access to their medical file, that physician must, within 30 days:

- (a) Make the patient chart available for examination by the patient and provide a copy to the patient if requested; or
- (b) Advise the patient that the patient file does not exist or cannot be found; or

- (c) Refuse the request for access, partly or completely, and advise the patient of the reason for the refusal and the availability of a review by the Information and Privacy Commissioner.
- 3. Physicians must advise patients of the expected use of their information, and the circumstances in which they may disclose that information.
- 4. Physicians must establish policies and procedures to advise patients of their rights under HIPA, and to advise patients of their right to access their information.
- 5. If a patient requests an amendment to their patient record, the physician must either amend the record, or note in the record that the patient requested the information be changed but that the physician refused to do so.
- 6. Physicians must establish policies and procedures to protect against loss of patient information and unauthorized access to patient information.
- 7. Physicians must limit which employees can access patient records or other personal health information. Only employees who need to know patient information for patient care, or who

need to know such information for some other purpose authorized by the Act, (such as billing) can have access to that information.

- 8. Physicians cannot use a file storage facility, nor can physicians use an organization to destroy files, unless there is a written agreement in place that protects the information and governs access to and use, disclosure and destruction of the information.
- 9. Physicians who use another person or organization to provide information technology services respecting records that contain patient information (this includes MSP information) must have a written agreement in place governing the use, disclosure and destruction of that information.
- 10. HIPA gives the government the ability to pass regulations relating to retention and destruction of patient records. If that happens, these requirements may supersede part of the College's bylaws relating to medical records.

All physicians should be aware of the legislation. There are legal obligations imposed in the legislation. As discussed above, these include:

- 1. Providing patients with access to their medical records within 30 days of the patient's request, including providing a copy of the record to the patient if requested;
- 2. Establishing policies relating to security and confidentiality of and access to medical records. This includes policies to limit employee's access to information that they do not need to know;
- 3. Entering written agreements with businesses that provide file storage, file destruction, or information technology services.

For further information or advice respecting HIPA and its implication, I suggest the following resources:

- 1. The government of Saskatchewan Health website has information relating to HIPA at: [http://www.health.gov.sk.ca/ph\\_br\\_health\\_leg\\_hipamain.html](http://www.health.gov.sk.ca/ph_br_health_leg_hipamain.html).
- 2. The Policy and Planning e-mail address is: [ppbweb@health.gov.sk.ca](mailto:ppbweb@health.gov.sk.ca)
- 3. The CMPA advice line is available to members at 1-800-267-6522. Bryan Salte of the College can be contacted at (306) 244-7355 or by e-mail at: [salteb@shin.sk.ca](mailto:salteb@shin.sk.ca)

# Possible Changes to Licensure Requirements

*Bryan Salte, Associate Registrar*

The Council of the College has begun a complete review of its policies relating to registration of physicians who do not meet the requirements for a full licence to practice medicine (LMCC plus either approved training as a family physician or Royal College certification).

Over the past number of years, the College has frequently been lobbied with respect to its licensure policies. There have been many, often conflicting, concerns expressed.

The Council struck a committee to review the issues that are most frequently raised with the College, and to provide recommendations to the Council to assist it to determine what changes, if any, should be made. That Committee has now reported to the Council.

The most important changes that will result if the Committee's recommendations are adopted by the Council will be the following:

1. A specialist physician who meets the other criteria for permanent licensure will be able to apply for an exemption from the requirement that the physician obtain the

LMCC. It is expected that such exemptions will be more easily available to physicians who are in mid-career, have practiced in their specialty for some years, and who are practicing in a specialty such as pathology with limited direct patient contact.

2. The College will interview physicians who have a specialty credential from a country other than Canada, but who do not have either Royal College of Physicians and Surgeons of Canada certification or Royal College certification-eligibility, before a decision is made to grant such physicians a licence. The interviewing committee will be composed of physicians practicing in that specialty. That interview may occur by telephone.

3. A physician with specialty credentials from a country other than Canada, but without Royal College of Physicians and Surgeons of Canada certification or Royal College certification-eligibility, will only be eligible for more permanent licensure after a full assessment of that physician's practice by a

committee of specialists practicing in that specialty.

4. Physicians who are on temporary licences (both specialists and family physicians) require a sponsor. Sponsors will be expected to provide reports to the College on a regular basis. That report will indicate whether the sponsor has concerns with respect to the performance of the physician who they sponsor.
5. Physicians whose language of study in their medical school was a language other than English will be required to prove language proficiency as a condition of obtaining a licence.
6. Family physicians whose training is from a program outside Canada and the United States (non LCME/CACMS approved programs) will be required to prove competence in psychiatry as a condition of permanent licensure. The College will make information available to physicians to assist them to upgrade their skills and knowledge in psychiatry if required.

7. A registration committee will be established to provide advice to the Registrar's office, or the Council, in situations where the eligibility of a physician for a licence to practice medicine is not clear.

There are two other issues that have not yet been addressed by the Committee.

1. Should there be forms of limited licensure available to physicians who do not meet the regular criteria for licensure, but who are available to practice in a restricted setting? As one example, critical care associates can only work in a hospital. Is it necessary to prove training and competence in psychiatry in order to be granted a licence restricted to working as a CCA in a specified regional health authority? Should the licensure rules allow for this? How are such

persons to be assessed? What expectations should there be to monitor the performance of such individuals? What forms of practices should be considered for such limited forms of licensure?

2. Should a physician whose training was not taken in Canada, and who does not have the credentials for a full licence (LMCC plus approved family medicine training, or LMCC plus RCPSC certification), be required to practice for a "probationary" period on a temporary licence before being eligible for a more permanent form of licence? At present a family physician who has completed a period of training in a program approved by the College, and who has full registration with a licensing body approved by the College, can be granted a provisional

licence without passing the Medical Council of Canada Evaluating Examination and without training or experience in a Canadian medical environment. A physician with a provisional licence can practice independently.

The College invites comment from its members with respect to the issues discussed above. Comments can be directed to Bryan Salte by letter, FAX, or by email to: [salteb@shin.sk.ca](mailto:salteb@shin.sk.ca).

Any physician wishing a copy of the report of the Committee, or a copy of the memorandum prepared for the Council, can obtain a copy by contacting Bryan Salte.

The matter will next be considered by the College at its meeting on November 14<sup>th</sup> and 15<sup>th</sup>. It would be helpful if comments could be received before that date.



## Medical Professionals Duty to Report Child Abuse and/or Children in Need of Protection

*Dr. Sharon Leibel, Child and Family Medical Services, Regina Qu'Appelle Health Region*

*We wish to share some educational information with our colleagues so we can all help meet the needs of our young patients at risk.*

### DUTY TO REPORT

Pursuant to section 12 (1) of the Child and Family Services Act – Every person who has reasonable grounds to believe that a child is in

need of protection shall report that information to an Officer, or Peace Officer.

Officer – A Social Worker, usually employed by the Department of Community

Resources and Employment, formerly the Department of Social Services.

Peace Officer – Police Officer.

#### CHILD IN NEED OF PROTECTION

- Means a child under 16 years of age
- Has suffered or is likely to suffer from physical, emotional or sexual abuse or harm
- Has suffered from or is likely to suffer from neglect or failure to receive the necessities of life, including appropriate medical care
- Has been exposed to domestic violence, or severe domestic disharmony, that is likely to result in physical or emotional harm to the child (even if the child him/herself is not being yelled at or struck)

#### CONCERNS REGARDING MEDICAL CONFIDENTIALITY

- Medical confidentiality is not a legal or ethical reason for failure to

report. Child welfare takes precedence, just as a homicidal or suicidal patient must be reported to the appropriate authorities.

- The duty to report *cannot* be transferred to the caregivers. You may feel they are caring, compassionate, and competent, but for any number of reasons, including those beyond the control of the caregivers, there may be a failure to report and have the child's needs dealt with appropriately.

#### SEXUAL ABUSE

- If the concern is about sexual abuse, do not assume that the lack of obvious physical findings negates the history.
- Do not tell the caregivers that there is nothing to see, so nothing happened, or nothing can be done.
- Reporting to the local Peace Officer or Dept. of Community Resources and Employment Officer for your Health Region *must* occur before medical referral.

- If it is an acute sexual assault and the local medical team is not comfortable with completing the medical exam and/or evidence gathering, the appropriate Paediatric or Child Abuse Team should be contacted for advice, or transfer if severity warrants it.
- If concerns about non-acute sexual abuse and medico-legal exam is warranted, refer to the appropriate Paediatric or Child Abuse Team.
- Tertiary referral for Southern Saskatchewan is to the Child and Family Medical Services Unit, Regina General Hospital. Referral for Northern Saskatchewan is to Dr. Anne McKenna, Royal University Hospital, Saskatoon.
- Family Physicians may choose to refer to any Paediatrician who is comfortable dealing with the matter.

Visit the College website at:  
[www.quadrant.net/cpss](http://www.quadrant.net/cpss)



## Triplicate Prescription Program Tips

*Dr. Karen Shaw, Deputy Registrar*

The Triplicate Prescription Program is a program that has the objective to reduce the abuse and diversion of a select panel of prescription

drugs. Although the program demands extra effort from both prescribers and dispensers, the potential for benefit far

outweighs the inconvenience. Since the inception of the program, the data has indicated a significant reduction in the

incidents of multiple doctoring for the purpose of drug diversion, and has facilitated early intervention when such patterns have become evident.

The Triplicate Prescription Program:

1. Provides the College with the ability to identify patients who may be double doctoring or drug shopping.
2. Provides the prescriber, or pharmacy, with up to date prescribing information.
3. Detects changing trends among the drug shopping population.
4. Observes the prescribing practice of physicians and dentists, and the activities of pharmacies.
5. Provides advice and information in an effort to prevent problems from developing.
6. Generates prescriber, patient, and pharmacy profiles relevant to the panel of monitored drugs.
7. Generates statistics and reports relevant to the panel of monitored drugs.

The Triplicate Prescription Program provides "alert" letters to hopefully assist physicians in managing the medical use of these controlled substances. The receipt of an "alert" letter, or a "double doctoring" letter, is not an indication to change or stop prescribing to the

individual unless the physician believes that an appropriate clinical indication no longer exists.

Although the Triplicate Prescription Program acknowledges that most physicians exercise normal safeguards in prescribing of the Triplicate Panel of drugs, there are a number of incidences where physicians fail to exercise normal safeguards thereby contributing to the "leakage" of narcotics and controlled drugs to the illicit market. The following lists of questions from *'The Physician and Psychoactive Drugs'* document, published by the authority of the Minister of National Health and Welfare 1982 (revised 1990), serves as a double check to physicians to determine whether you could be "part of the problem". You might be, if you answer yes to one or more of the following:

1. Do you prescribe on demand?
2. Do you accept the diagnosis made by a patient?
3. Do you comply with drug selection suggested or requested by a patient?
4. Do you prescribe small quantities of medication to "get them out of your office"?
5. Do you prescribe any medication without first performing all necessary examinations to ensure

that the patient is in actual medical need of such medication?

6. Do you prescribe before making every effort to ensure that the patient is not obtaining medication from other sources while under your care?
7. Do you leave your blank prescription pads, or supplies of narcotic and controlled drugs, in a place accessible to unauthorized individuals?
8. Do you practice in isolation without maintaining a close professional relationship with pharmacists and other practitioners in your area to facilitate early identification of drug abuse problems?
9. Do you react in a negative manner when contacted by a pharmacist to confirm a prescription, or to discuss any other matter related to one of your prescriptions?
10. Do you permit your nurse/receptionist to authorize prescription renewals, or relay such information to pharmacists on your behalf?

The difficulties prescribing and monitoring this panel of drugs can be made easier by the use of pain scales, narcotic flow sheets and contracts with the patient. An excellent resource for the physician can be found by

reviewing the *'Evidence-Based Recommendations for Medical Management of Chronic Non-Malignant Pain'* which is a reference guide for clinicians facilitated by the College of Physicians and Surgeons of Ontario November 2000. This document can be accessed at the Ontario College's website at [www.cpso.on.ca](http://www.cpso.on.ca). Included are samples of treatment contracts, pain scales, and narcotic flow sheets.

Prior to prescribing controlled substances, it is helpful to screen patients for addiction. The purpose of screening is to identify a subgroup of patients at higher risk for addiction in order to facilitate further assessment and/or more careful monitoring.

The following are two examples of screening tools provided by Dr. Roman Jovey, Physician Director, Alcohol & Drug Treatment Program, Complex Pain Consultant, Credit Valley Hospital, Mississauga, Ontario, during his recent talk in Saskatoon entitled, *'Opioids, Pain and Addiction – Facts vs Fiction'*:

1. *The Screening Instrument for Substance Abuse Potential (SISAP)* is a five-item screening tool created by Coombs et al (1996) that helps the clinician to categorize patients into lower or higher risk of abusing prescribed opioids. It requires that the

physician already know the patient or have collateral information to confirm the accuracy of the answers. It has a high false positive rate, but a low false negative rate when tested against the database of a large (n=11,634) Canadian epidemiological survey of alcohol and drug use. It has not yet been prospectively tested in the chronic pain population.

The 5 SISAP questions are:

1. If you drink alcohol, how many drinks do you have on a typical day?
2. How many drinks do you have in a typical week?
3. Have you used marijuana or hashish in the past year?
4. Have you ever smoked cigarettes?
5. What is your age?

Use caution when prescribing opioids for the following patients:

1. Men who exceed four drinks per day or 16 drinks per week.
2. Women who exceed three drinks per day or 12 drinks per week.
3. A patient who admits to marijuana or hashish use in the past year. (It is recreational use of

cannabis for euphoric effect that is of concern. The use of tetrahydrocannabinol (THC) derivatives to treat pain is still very controversial. Clinicians should exercise caution in recommending opioid therapy to a patient who is using cannabis regularly.)

4. A patient under 40 who smokes.

The majority of patients will pass the screen and are probably at low risk of abusing opioids, but clinical judgment is still required. The SISAP questions ask about recent drug or alcohol use and may therefore miss a patient who is at risk because of a previous history of chemical abuse or dependency. A simple but effective question to ask is, "Has your use of alcohol or other drugs ever caused a problem for you or those close to you?" A positive answer to this question, or to any of the SISAP questions, suggests further assessment.

The CAGE-AID questions comprise a quick screening tool to assess for the risk of serious alcohol or drug problems. The questions are:

In the past have you ever:

- a) Felt that you wanted or needed to Cut down on

- your drinking or drug use?
- b) Been Annoyed or Angered by others' complaining about your drinking or drug use?
  - c) Felt Guilty about the consequences of your drinking or drug use?
  - d) Had a drink or taken a drug in the morning (Eye-opener) to decrease hangover or withdrawal symptoms?

One positive response to any one of the CAGE-AID questions would suggest caution. Two or more positive responses may have a sensitivity varying from 60-95% and specificity from 40-95% in diagnosing serious alcohol or drug problems. The predictive value is highly dependant on the population screened. The CAGE screen used by itself, seems to have less predictive value in the elderly, in college students, women and certain ethnic

groups. Two or more positive responses on the CAGE-AID should strongly suggest a formal assessment by an addiction professional prior to prescribing long-term opioid therapy.

**REMINDER:**

*Concerta 18mg, 36mg and 54 mg have been added to the Triplicate Prescription Program panel of drugs and is a form of methylphenidate.*



## Pertussis Vaccine Added to the Immunization Program

Approximately 16,000 Grade 8 students in Saskatchewan will now receive improved protection against pertussis, a contagious respiratory infection more commonly known as whooping cough.

Pertussis vaccine is already part of the routine immunization program for infants and pre-school age children. It is being added to the Grade 8 routine adolescent program because immunity against pertussis wanes over time. This means that adolescents who received the vaccine at four to six years of age may have reduced immunity and may become infected if exposed.

Pertussis vaccine is also being added to the

adolescent program because there has been a resurgence of the disease in Saskatchewan in recent years.

"We have been seeing more cases of pertussis, or whooping cough, in the last few years. The reasons for this are not exactly known, although one explanation may be better recognition, diagnosis and reporting of the diseases in adolescents and adults," said Dr. Ross Findlater, Saskatchewan's Chief Medical Health Officer. "This vaccine will provide a safeguard against the disease. As teenagers may carry the bacteria, the new vaccine is expected to increase the protection for teenagers, and also prevent the transmission of whooping cough to others."

Pertussis is a contagious respiratory infection caused by the bacteria *Bordetella pertussis*. It is easily spread from person to person through coughing and sneezing. Pertussis usually leads to severe coughing spells, vomiting, and a "whoop" when a person is finally able to take a breath.

The new vaccine will be provided to all Grade 8 children in the province starting this Fall.

For further information, contact either Dr. Ross Findlater or Ms. Rosalie Tuchscherer, Population Health Branch, Saskatchewan Health, 3475 Albert Street, Regina SK S4S 6X6, Tel: (306) 787-7813, Fax: (306) 787-3237.

## *Have you offered or recommended Influenza vaccine to your patients?*

- Influenza vaccine is provided free of charge to persons who fall into the at-risk groups:
  - 65 years or older.
  - Residents of licensed special care homes, regardless of age.
  - Persons under 65 years of age medically at risk:
    - Chronic cardiac or pulmonary disorder, including bronchopulmonary dysplasia, cystic fibrosis, and asthma severe enough to warrant regular medical follow-up, or hospital care;
    - Chronic conditions such as diabetes or other metabolic diseases, cancer, immunodeficiency (including HIV infection), immunosuppression (due to underlying disease and/or therapy), renal disease, anemia, or hemoglobinopathy;
    - 6 months to 18 years, treated for long periods with acetylsalicylic acid.
- Saskatchewan Health will be providing FLUVIRAL vaccine for active immunization against:
  - A/New Caledonia/20/99
  - A/Panama/2007/99
  - B/Hong Kong/330/2001
- The provincial vaccination campaign begins on October 20th, 2003
- Contact your local public health office for more information on how to obtain vaccines for your office and schedules for public health clinics.



## *Don't forget about Pneumococcal Vaccine*

- Take advantage of influenza season to also vaccinate your patients who are eligible and have not yet received the vaccine against pneumococcus.
- Vaccine is provided free of charge to persons who fall into high-risk groups:
  - 65 years of older.
  - Residents of licensed special care homes, regardless of age.
  - Persons 2 – 64 years of age medically at risk:
    - Chronic cardiorespiratory disease (excluding asthma), cirrhosis, alcoholism, chronic renal disease, nephritic syndrome, diabetes mellitus, chronic cerebrospinal fluid leak, HIV infection and other conditions associated with immunosuppression;
    - Persons >2 years of age with asplenia, splenic dysfunction, or sickle-cell disease;
    - Cochlear implant recipients (pre and/or post implant).
- Unlike influenza vaccine which is administered yearly, pneumococcal vaccine is usually given only once during a person's life.
- Contact your local public health office for information on how to provide the vaccine to your patients.

# The Laboratory Quality Assurance Program is Moving

Effective October 16<sup>th</sup>, 2003 the new address will be: 3475 Albert Street  
REGINA SK S4S 6X6

Additional space was required not only to house the Laboratory Quality Assurance Program, but the Diagnostic Imaging Quality Assurance Program as well.

The telephone number (306) 787-8239, and fax number (306) 787-7240 will remain unchanged.



## Next ECG Exam

Monday, April 5<sup>th</sup>, 2004, 1:00 p.m. – 4:00 p.m.  
College of Physicians and Surgeons,  
211 - 4<sup>th</sup> Avenue South,  
Saskatoon SK S7K 1N1

For further information, contact Carol Bowkoy at (306) 667-4635

## Annual Fee Payment Option

The College of Physicians and Surgeons offers its members the option of paying the annual fee for the forthcoming year by direct debit. To date, 250 members of the College have elected to utilize this option.

All members of the College are encouraged to consider this option as it is a convenient way to ensure that your annual fee will be paid before the deadline. This eliminates the risk that you will incur additional fees for late payment of the annual fee or risk interruption of your practice privileges.

Members wishing to exercise this option are invited to send the application form which is enclosed with this Newsletter, along with a void cheque, to the College of Physicians and Surgeons by November 1, 2003.

Members are also reminded of their obligation to present to the College attestation of their continuing membership with the Canadian Medical Protective Association or alternative arrangements for professional liability protection.

## Pre-Authorized Debit (PAD) for Annual Fees

We acknowledge that this Authorization is provided for the benefit of the Payee and our financial institution and is provided in consideration of our financial institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the CPA Rules).

**Instructions:** Please complete all sections to instruct your financial institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the Payee below.

<i>Payee Information</i>					
Company Name		College of Physicians and Surgeons of Saskatchewan			
Address		211 Fourth Avenue South			
City	Saskatoon	Province	SK	Postal Code	S7K 1N1
Telephone	(306) 244-7355	Fax	(306) 244-0090		

Account Holder Information		
Name		
Address		
City	Province	Postal Code
Telephone	Fax	
Account No.	Institution No.	Branch Transit No.

Financial Institution		
Company Name		
Address		
City	Province	Postal Code
Telephone	Fax	

**Account Information:** The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this Authorization.

**Change in Account Information:** We undertake to inform the Payee, in writing, of any change in the account information provided in this Authorization prior to the next due date of the PAD.

**Valid Signing Authority:** We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

**Authority to Debit Account:** We hereby authorize the Payee to draw on our account indicated above with our financial institution, for the following purpose: **Payment of College Annual Fees**

**Validation by Financial Institution:** We acknowledge that our financial institution is not required to verify that a PAD has been issued in accordance with the particulars of our Authorization including, but not limited to, the amount.

*...continued on next page*

**Frequency and Amount of Debits:** A debit, in paper, electronic or other form in the amount of the College annual fees, as set by Council, may be drawn on our account annually on December 1<sup>st</sup> of the calendar year.

**Our Rights of Dispute:** A Pre-Authorized Debit may be disputed by us under the following conditions:

(i) the PAD was not drawn in accordance with our Authorization:

**or**

(ii) the Authorization was revoked;

**or**

(iii) pre-notification was not received.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (i), (ii), or (iii) took place, must be completed and presented to our branch of our financial institution up to and including 90 business days in the case of a personal/household PAD after a date on which the PAD in dispute was posted to our account.

We acknowledge that a claim on the basis that our Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and ourselves when disputing any PAD after 90 business days in the case of a personal/household PAD.

**Acceptance of Delivery of Authorization:** We acknowledge that provision and delivery of this Authorization to the Payee constitutes delivery by us to our financial institution. Any delivery of this Authorization to you constitutes delivery by us.

**Cancellation of Arrangement:** This Authorization may be cancelled at any time upon notice by us. We acknowledge that, in order to revoke this Authorization, we must provide notice of revocation to the Payee.

**Pre-Notification Waiver:** We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the Rules.

**Validation by Processing Institution:** We acknowledge our financial institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on our account.

**Contract for Goods or Services:** Revocation of this Authorization does not terminate any contract for goods or services that exists between us and the Payee. Our Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

**Dated** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

_____ Authorized Signatory	_____ Name (please print)	_____ Title (please print)
_____ Authorized Signatory	_____ Name (please print)	_____ Title (please print)



College of Physicians & Surgeons  
211 - 4th Ave. South  
Saskatoon, SK  
S7K 1N1

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